

## **Informed Consent**

The intention of this agreement is to provide you with important information regarding the practice's policies and procedures of A Space for Healing. Please feel free to ask for more information if anything seems unclear. I look forward to connecting with you and helping you.

### **The Therapy Process:**

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means you will have a defined process supported by scientific evidence where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their provider. To foster the best possible relationship, it is important you understand as much as possible about the process before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits.

### **Telehealth Services:**

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. Please check with your insurer to ensure that telehealth services are covered by your plan.

### **Confidentiality:**

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will disclose only the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- Providers must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- Your Provider may speak to other healthcare providers involved in your care with a signed release of information.

Insurance companies and other third-party payers are given information that they request regarding services to the client. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

### **Recordkeeping:**

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

### **Communication:**

You decide how to communicate with your Provider outside of your sessions. You have several options:

- Texting/Email  
Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either

method.

Because therapeutic content can only be appropriately addressed during your appointments, and because your provider may not be available to you outside your scheduled appointment time, they will not engage in correspondence with you outside your appointment other than on scheduling issues or to offer links to resources.

- **Secure Communication**

Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

- **Social Media/Review Websites**

If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.

Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.

- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they may not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

## **Appointments:**

Appointments will ordinarily be 53-55 minutes in duration, once per week at a time agreed upon, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

If you need to cancel or reschedule a session you will need to provide 24 hour notice. If you miss a session without canceling, or cancel with less than 24 hours notice, the policy is to charge a \$100 cancellation fee (unless we both agree that you were unable to attend due to

circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for canceled sessions; thus, you will be responsible for the fee as described above. If possible I will find another time to reschedule the appointment based on our scheduling availability. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. Therapy is most effective with consistent attendance. Repeated cancellations or no shows will signal that we need to address if therapy will work for you at this time and may result in closing your case to services. If I do not hear from you for 30 days, (unless we have agreed on a different schedule) I will consider that you are not interested in continuing services and will close your case.

As your provider I will provide services when I am available, including weekly sessions. There are times when I may not be available due to vacation, illness, training commitments or emergencies. I will provide advance notice whenever possible. In the case of an emergency, I will keep any details related to professional or personal emergencies confidential. I have the right to cancel an appointment in an emergency situation. I have the right to determine what is an emergency and the appropriate response.

You have the right to terminate services with your provider at any time. I also reserve the right to terminate our therapeutic relationship. Reasons for termination include, but are not limited to: untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs outside of provider's scope of competence or practice, disrespectful or inappropriate behaviors or client not making adequate progression in therapy. Upon either party's decision to terminate therapy, therapist will generally recommend that client participate in at least one or more termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflection the work completed. The provider will also attempt to ensure a smooth transition to another provider by offering referrals if requested.

### **Fees and Payment for Services:**

You may be required to pay for services and other fees. You will be provided with these costs prior to beginning therapy, and should confirm with your insurance if part or all of these fees may be covered. You should also know about the following:

- **No-Show and Late Cancellation Fees**  
If you are unable to attend therapy, you must contact your Provider before your session. Otherwise, you may subject to fees outlined in your fee agreement.  
Insurance does not cover these fees.
- **Balance Accrual**

Clients whose accounts have accrued 3 unpaid sessions or a total of \$200, whichever occurs first, will have their upcoming appointments put on hold until such time as their account is paid in full. Clients with unpaid balances or whose circumstances prohibit them from paying fees will be offered referrals to clinicians or agencies who can offer services that better fit with the client's budget. Clients will still be responsible for their balance accrual.

- **Payment for Services**

Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

- **Administrative Fees**

Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.

- **Insurance Benefits**

Before starting therapy, you should confirm with your insurance company if:

- Your benefits cover the type of therapy you will receive;
- Your benefits cover in-person and telehealth sessions;
- You may be responsible for any portion of the payment; and
- Your Provider is in-network or out-of-network.

- **Sharing Information with Insurance Companies**

If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.

- **Covered and Non-Covered Services**

When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.



- **Payment Methods**

The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

Some clients wish to self pay. To see advantages of self pay treatment, please see our website [ASpaceForHealing.com](http://ASpaceForHealing.com)

**Self pay fees are as follows:**

- 53-55 minute session, \$150
- 39-45 minute session \$115
- 26-30 Minute session \$75

**Complaints:**

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

**Litigation Limitation:**

Due to the sensitive nature of the therapeutic process and that it often involves disclosing many matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney, nor anyone else acting on your behalf will contact your provider to testify in court or at any other proceeding, nor will a disclosure of psychotherapy records be requested.

Signature:

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8500 Station Street, Suite 300J, Mentor, OH 44060  
(440) 721.8979  
ASpaceforHealing.com

Your electronic signature indicates you have read this agreement and agree to its terms and also serves as an acknowledgement that you have received the form described above.