



## **Patient Contract and Informed Consent Form**

Welcome to Rowan Therapy! This document is important to read in full and fill out/sign before we meet together. If you have any questions about the contents of the document or need it provided in a different format, please let me know. You can contact me prior to our appointment or we can discuss any questions at the beginning of your first appointment.

In this document, “client” and “you”/“your” are used interchangeably.

### **Description of My Practice**

#### **About My Services**

There are many potential benefits of counseling. Each goal or strategic intent; each treatment plan and changes to that plan; and each counseling approach vary depending on the personalities and needs of the client and our relationship as you take an increasingly more active role in your own work. Counseling is a team effort – we can change approaches based on outcomes, comfort, preferences, etc., and I will work with you to help you custom design, if you will, *your* therapy.

As we may discuss difficult topics, it may not always be easy or comfortable. Possible risks include experiencing uncomfortable feelings such as sadness, loneliness, helplessness, anxiety, frustration, guilt, or anger. You may remember or feel as if you are reliving difficult memories or past events from your life. Often what may be intensely difficult can also be incredibly rewarding as we work slowly through the challenges and how you choose to integrate them or leave them behind.

Potential benefits to counseling are having healthier and better relationships with your family, loved ones, friends, and co-workers; learning and developing skills to manage issues; and experiencing a decrease in stress, anxiety, and helplessness. One of my favorite positive side effects is your *finding your voice* and *improving your relationship with yourself*.

There is, however, no guarantee of exactly what will happen, when, or how, but I will work with you to make sure that you feel our sessions are a safe space for you to share and heal. I also ask that you are honest with both yourself and with me; let me know your comfort level so that we can work at a pace that honors your needs, wishes, and capabilities. If time is a pressing concern, please let me know so that we can honor your well-being within a specific time frame. Please note that I have no intention of being your lifetime counselor.

In addition, each counselor is different and will have different approaches. It often takes at least a few sessions for you and I to get to know each other and work out the best plan forward. We will discuss your treatment plan/strategic intent within our first four sessions, and we will review your progress and revisit the plan as needed. If you ever have any questions about our sessions together, we should discuss them in the moment so as to best address them moving forward. Always remember that *you* have hired *me*! If our work together does not meet your needs, please

be honest with me so that I can help refer you to another mental health professional who may be a better fit.

### **Sessions**

Appointments are typically fifty (50) minutes long and are usually scheduled for one (1) session per week at a time mutually agreed upon. Some sessions may be more frequent or longer as needed and as agreed upon ahead of time. In addition, sessions can be paced further apart as you feel able to maintain progress.

The sessions are intended for you as an individual, couple, or family. If you want to invite anyone else to your counseling session, please give me 24-hour notice.

### **Fees**

While I do not accept insurance, I do want to make my services more affordable and accessible. Therefore, your appointment fee will be negotiable.

I have a limited number of sessions available to see clients pro bono. You must contact me to discuss this. I do not request any financial proof; I only ask that you pay what you can and respect those whose situations differ. Should your situation change in either direction, please talk with me.

Payments must be made by credit card or debit card. By signing this form, you understand that you are fully responsible for all fees and that fees are due at the time of your scheduled appointment. All patients (paying and pro bono) will need to put their credit or debit card information on file with the practice's third-party HIPAA-compliant payment vendor. Cards are charged immediately after a session.

If payment is rejected and/or there is an outstanding balance on your account of more than three (3) sessions, you may be terminated until your balance is paid in full.

Fees may change at the practice's discretion, and you will be notified of any fee changes with four (4) weeks notice.

### **Additional Fees**

Should you require the filing of additional forms, fees will be discussed and will be based upon the amount of time required and additional supervision needed. Should court appearances or documentation be required, fees will be negotiated and in alignment with hours required and will be considered and discussed with you in advance and with consideration of the normal session fees.

### **Cancellation Policies**

Scheduled appointments are commitments for both of us. To that end, as your counselor, I will give you notice of any schedule change and reschedule your appointment as soon as possible.

I ask if you must be cancel or reschedule a session, please contact me at least 24 hours in advance of the scheduled session. If you cancel with less than 24 hour notice or miss a session, you will be charged the full appointment fee. If you are a pro bono client, there is a cancellation fee of \$10.

### **Contacts**

As texting is not HIPAA compliant, texting should only be used in case of last minute cancellation. I understand texting is convenient but I can make no guarantees of privacy. For any other communication, please call or email me. If you text me private information, I will likely reply via email.

I am often not immediately available, but I will return any calls or emails as soon as I can. As my office hours vary, I will try to get back to you within 24 hours, excluding weekends and holidays. If it is urgent, please indicate that in your voicemail or email, and I will do my best to get back to you as soon as possible. Always let me know the best time to reach you and how late I can call.

If it is a true emergency (and do not second guess what that is), contact the nearest emergency room/hospital or call 911. I will always support your decision to call for emergency help.

Please note the following hotlines as well. I am putting them on a separate, standalone page for you to pull out as a reference. Keep it handy. However, I recommend that you add them to your phone's contact list — if not for you, then perhaps a friend or stranger who may one day need a number that you will now have.

## EMERGENCY CONTACTS

- 911 (when traveling abroad, please learn that country's emergency number)
- National Suicide Prevention Lifeline: 1-800-273-8255
  - Nacional de Prevención del Suicidio: 1-888-628-9454
  - Deaf/Hard of Hearing: For TTY Users - use your preferred relay service, or dial 711 then 1-800-273-8255
- Crisis Text Line: Text "HOME" TO 741-741
- National Sexual Assault Hotline: 800-656-4673
- National Domestic Violence Hotline: 800-799-7233
  - TTY: 800-787-3224
  - Text: Text "START" to 800-799-7233
- love is respect: 866-331-9474
  - Text: text "LOVEIS" to 225-22
  - TTY: 800-787-3224
  - Video phone: 855.812.1001
- StrongHearts Native Helpline: 844-762-8483
- Trans Lifeline: 877-565-8860
  - Español: oprima 2 para hablar con unx operador en español
- TREVOR Crisis Hotline: 1-866-488-7386
  - TrevorText: Text "START" to 678-678
- Planned Parenthood Hotline: 1-800-230-7526
  - Planned Parenthood Text Hotline: Text "PPNOW" to 774-636
- Veterans Crisis Line: 1-800-273-8255 - press 1
  - Text: 838255
  - Deaf/Hard of Hearing: Use your preferred relay service, or dial 711 then 1-800-273-8255
- Disaster Distress Helpline: 1-800-985-5990
  - Español: 1-800-985-5990 - presiona "2"
  - Deaf/Hard of Hearing: 1-800-985-5990 on your video phone

As part of your intake, I will ask for your emergency contacts to have on file and their contact information. This information will only be used in case of a perceived emergency. I will not contact them otherwise. Please let them know that you have listed them as your emergency contact for me.

### **Treating Couples, Partnerships, and Families**

If a client's family member or partner wishes to see me individually, we will have to discuss treatment with the understanding that it may be in the best interest to refer a person to another mental health professional. This is to prevent any concerns of exploiting the trust in our professional relationship and to maintain the progress that we have been making.

If you come to see me as a couple, partnership or family, each person must fill out and sign their own forms. In these cases, I consider the couple, partnership, or family to be the client/unit. Family, partners, and couples therapy also include individual sessions on an as-needed basis. The goal of these sessions is to work towards the therapy goals of the group. I will use my best judgement in regards to any information that is discussed or revealed during separate sessions and whether or not to disclose this information to the rest of the group, and if so, when and to what extent. This is a "no secrets" policy and allows me to continue to treat the entire unit as a group and work to prevent conflicting interests. My first choice is that secrets are disclosed by the keeper with my support.

### **Teamwork with Other Professionals**

I try to maintain teams and alliances with other mental health and medical professionals as we work to treat the individual or unit. To that end, I ask for a signed Release of Information for other professionals whom you or other client members may be seeing so that there is a team working to best support individuals and units. I try always to respect what you would like to share with other professionals.

### **Telehealth**

As a counselor working via telehealth, there is additional information that you should be aware of moving forward for our telehealth sessions. Please be aware that while there are benefits to using telehealth for counseling, there are potential risks as well, including, but not limited to, theft of personal information, confidentiality violations, and technical difficulties that could result in a delay or rescheduling of sessions. Possible benefits of telehealth include – but are not limited to – ease of scheduling, greater accessibility to counseling, reducing potential barriers to counseling, and ease and comfort for clients.

Confidentiality and patient privacy still apply to our telehealth sessions. Any information discussed during our sessions is confidential per the confidentiality policy found below.

However, as we are not in an in-person office, it is important to acknowledge that it is not possible to guarantee complete privacy for telehealth. It is also YOUR (the client's) responsibility to maintain privacy on your end of the telehealth call as well. It is your responsibility to use a secure internet connection — public or free Wi-Fi is not secure or private. It is also your responsibility to be in a comfortable, private, quiet space with minimal distractions and interruptions for our session. It is not necessary to stay seated. While I ask that you be

appropriately clothed, I am comfortable with your moving about, folding laundry, etc. as long as you feel that doing so helps — not hinders — your engagement in the process and we can still see one another on screen.

Post Session: I encourage clients to leave 15 minutes after our session to regroup and gather their thoughts. One of telehealth's benefits is its lack of *that* commute; but a deficit may be ... a lack of *that* commute – where you have time to drive, think, listen to music, etc. Please allow yourself time to take a walk, turn on music, journal, scrub the tub,... whatever you need before you are called upon by colleagues or family members.

The video-conferencing platform we will use during our sessions is HIPAA compliant and secure. Before our first appointment, I will provide instructions on how to access our sessions. Please plan to have your camera on during our sessions. In case of technical difficulties, I may suggest switching to an audio-only phone call or rescheduling our appointment.

As part of the forms you fill out and during intake, we will discuss emergency information including but not limited to emergency contacts, your location during sessions, and the closest hospital to you. If you are at a different location than you have provided in paperwork, it is up to you to inform me of your location at the start of session and to provide emergency details on the remote chance that you may require medical attention. In the event of a medical emergency or crisis, I will make every attempt to contact the appropriate people to help you in a way that would replicate in-person office emergency protocol where I can simply call 911 and I know our location.

### **Confidentiality**

Pennsylvania law, HIPAA, and the Code of Ethics protects and ensures patient privacy and confidentiality for communications between a client and a counselor. I can only release information about your counseling with your written authorization. There are, however, a few exceptions:

- If a client is an imminent danger to themselves or others
- If there is reasonable suspicion of child abuse or neglect
- If there is reasonable suspicion of abuse/neglect of an elder or any vulnerable adult
- When required by subpoena, court order, or otherwise legally mandated

In addition, please note the following:

- Adults have the right to view their own records.
- Parents/legal guardians of non-emancipated minors have the right to view their child's records if children are younger than 14 years old.
- Parents/legal guardians of children older than 14 years old can access records only with the minor's expressed written consent.
- I am required to consult with my supervisor regarding my clients on a regular basis. I use client initials only. My supervisor is required to maintain client confidentiality with the same exceptions.
- I may occasionally find it helpful to consult with other mental health or medical professional with the aim of providing you with the best possible care. In these situations, I will make every

effort to maintain client anonymity by providing a case conceptualization with no identifying information.

- If you, the client, ever encounter me in public unexpectedly in a non-therapeutic capacity, I will not acknowledge you. Your privacy is of my utmost concern. However, if you approach me, I will politely greet you without acknowledging our relationship. How you choose or not choose to introduce me is entirely up to you in that moment and I will try my best to follow your lead.

### **Social Media**

I do not communicate with, or contact, any of my clients through social media platforms, including but not limited to Twitter, Facebook, LinkedIn, or Instagram. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. Any communications with clients online have a high potential to compromise our professional relationship. Please do not try to contact or find me on social media, either through personal or professional accounts. I will not respond and will terminate any online contact whatsoever.

Likewise, I will not attempt to find you on any social media platforms, blogs, websites, or any other online presence you may have. I see this as a violation of your privacy rights. If you wish to show me something specifically from the internet or, for example, share a particular blog you have written, please bring it to our session to share. You may email me the written information; I will not follow links.

### **Client Rights**

As a client, you have certain rights, including:

- To not be discriminated against on the basis of age, gender/gender identity, disability, height, weight, relationship status, race, ethnicity, sexual orientation, military service/veteran status, religion, political affiliations, nationality/citizenship, language, socioeconomic class, or any other basis. If you ever perceive any comment or action by me to be insensitive, please inform me.
- To consent to a release of your records to others with an authorization form in writing. You also have the right to revoke this authorization, in writing, at any time.
- To be notified and asked for permission if I wish to record any of our sessions (besides general note-taking for your files) and the right to refuse to be recorded. **Please note that sessions may be recorded for review by my supervisor only and will then be immediately destroyed. Notification will be given prior to any recording.**
- To complain:
  - Please contact me first about any concerns you have
  - If you are not satisfied, you reserve the right to complain to the Board and/or the U.S. Dept. of Human Services without fear of retaliation on my part
- To obtain a copy of the Code of Ethics
- To maintain confidentiality and privacy as noted above and in the accompanying HIPAA notice
- To withdraw consent of this counseling relationship and to terminate our professional relationship
- To receive notice of any changes in policy

**Consent**

By signing this form, you agree that you have read this form in full, that you understand its contents (and have asked for any clarifications), and that you agree to its terms. You agree to abide by its terms during our professional relationship and that you consent to be treated by me.

Date \_\_\_\_\_

Printed Name of Client \_\_\_\_\_

Signature of Client \_\_\_\_\_

Signature of Guardian (as appropriate) \_\_\_\_\_

\*\*When seeing multiple clients/units, each client must sign a separate form and complete any additional documents separately. I know you are together, but your agreements and information are distinct.