



CONSENT FORM

CLIENT NAME _____
SIGNATURE OF CLIENT OR PARENT/GUARDIAN OF CLIENT _____
DATE _____

This form is called a Consent for Services (the "Consent") and Policies and Procedures. Your mental health professional ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

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 that you will follow 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 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. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. Our mental health professionals are: Erica Sartwell, Kimberly Fisher, Caitlin Cavanaugh, Heather Longoria, Mary Hull, Rebecca Brown, Jordan Caruana, Alyssa Ross, Halyn Pearson, David Watts, Margaret Campbell, Samantha Conlin, Nicole Barnwell, Anaiz Rodriguez, Matt Mullenix, and Juan Milla are licensed in the Commonwealth of Virginia as Licensed Professional Counselors. David Bunting is a Licensed Clinical Social Worker. Residents in Counseling have completed a graduate program in the field of counseling and are currently pursuing licensure in the state of Virginia. Stephanie Smith-Durkin, Sarah Cameron, Kimberly McClernon, Rachel Sabourin, Kristy Livsey, and Autum Nemes are Residents in Counseling with graduate degrees in the field of counseling and currently working towards licensure in the state of Virginia. All unlicensed

counselors (Practicum Students, Intern Students, Post Graduate and Residents in Counseling) are supervised by either Mrs. Erica Sartwell, Mrs. Kimberly Fisher, Ms. Alyssa Ross, Mrs. Caitlin Cavanaugh, Mr. David Bunting, or Mr. Juan Milla. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future. The different types of theoretical orientations that clinicians may use are DBT, EMDR, Play Therapy, Reunification Therapy, Coparenting Therapy, Couples Therapy, CBT, Art Therapy, Person Centered and Animal Assisted Play as Therapy.

TERMINATION OF THERAPY

Coastal Virginia Counseling Therapists reserve the right to terminate therapy at their discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, missed or cancelled appointments, or failure to participate in therapy, when client's needs are outside of therapist's scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, participation may be offered in one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience, and to give both parties an opportunity to reflect on the work that has been done. We will also attempt to ensure a smooth transition to another therapist by offering referrals to client.

RISKS AND BENEFITS AND PROFESSIONAL CONSULATION

Psychotherapy is a process in which we discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so clients can experience life more fully. It provides an opportunity to better and more deeply understand oneself as well as any problems or difficulties clients may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed as well as many other factors. Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased appetite for intimacy, and increased self-confidence. Such benefits require substantial effort on the part of the client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort caused by actions like remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which client perceptions and assumptions are challenged, and different perspectives offered. The issues presented by clients may result in unintended outcomes, including changes in personal relationships. Clients should be aware that any decision on the status of his/her personal relationships is their responsibility. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal

course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Clients should address any concerns he/she has regarding his/her progress in therapy with Therapist. Modalities of therapy other than face-to-face may have the risk of encryption breach. We will do our best to protect your privacy; however we cannot guarantee privacy or security for these electronic/telephonic modalities.

Professional consultation is an important component of a healthy psychotherapy practice. As such, we regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, personal identifying information will not be revealed.

PSYCHOTHERAPIST-PATIENT PRIVILEGE

The information disclosed by a client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. If a subpoena for records is received, deposition testimony, or testimony in a court of law, we will assert the psychotherapist-patient privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. Client should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

IN-PERSON VISITS & SARS-CoV-2 ("COVID-19")

When guidance from public health authorities allows and your Provider offers, you can meet in-person. If you attend therapy in-person, you understand:

- You can only attend if you are symptom-free (For symptoms, see: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>);
- If you are experiencing symptoms, you can switch to a telehealth appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee.
- You must follow all safety protocols established by the practice, including:
 - Following the check-in procedure;
 - Washing or sanitizing your hands upon entering the practice;
 - Adhering to appropriate social distancing measures;
 - Wearing a mask, if required;
- Telling your Provider if you have a high risk of exposure to COVID-19, such as through school, work, or commuting; and
- Telling your Provider if you or someone in your home tests positive for COVID-19.
- Your Provider may be mandated to report to public health authorities if you have been in the office and have tested positive for infection. If so, your Provider may make the report without your permission, but will only share necessary information. Your Provider will never share details about your visit. Because the COVID-19 pandemic is ongoing, your ability to meet in person could change with minimal or no notice. By signing this Consent, you understand that you could be exposed to COVID-19 if you attend in-person sessions. If a member of the practice tests positive for COVID-19, you will be notified. If you have any questions, or if you want a copy of this policy, please ask.

TELEHEALTH SERVICES

By signing this document, you are consenting to using 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. There are some risks and benefits to using telehealth:

- Risks
- Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.
- Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
- Benefits
- Flexibility. You can attend therapy wherever is convenient for you.
- Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
- Recommendations
- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

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 only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to emergency personnel.
- 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.
- 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.

- 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.
- Should you want to disclose information to an outside party, a release of information must be signed.

MINORS AND CONFIDENTIALITY

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

RECORD KEEPING

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.

Coastal Virginia Counseling will not voluntarily participate in any litigation, or custody dispute in which client and another individual, or entity, are parties. Coastal Virginia Counseling has a policy of not communicating with the client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter unless agreed upon at beginning of the therapeutic relationship. We will generally not provide records or testimony unless compelled to do so. Should we be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, client agrees to reimburse us for any time spent for preparation, travel, or other time in which we have made our time available for such an appearance at our usual and customary hourly rate of \$200.00. All client records are stored solely in electronic form on a secure HIPAA compliant off site server, with the exception of the signed Privacy Policy, Practices and Procedures form. Please advise the therapist if you would like your records sent to your primary care physician. In any such case were records are requested, clinician will provide documents within 10 business days from the time of request. When a client requests access to their records, counselors will provide assistance and consultation in interpreting counseling records. The fee for these records is \$15.00. Any records requested over 50 pages long will be sent through the client portal or can be faxed, but we will be unable to print any records request over 50 pages.

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. Please communicate with our staff if you do not wish to receive email and/or text appointment reminders. By signing this form, you consent to communication sent but not limited to email, text, phone call, voice message unless otherwise notified.
- Secure Communication
- Secure communications are the best way to communicate personal information, though no method is entirely without risk. Our patient portal via TherapyNotes is a secure method for communication. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, you are consenting to that mode of communication despite lack of security of your healthcare information.

We will respond to any calls within 48 hours notice, during business hours, excluding weekends and holidays.

- 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 will 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.

EMERGENCY CONTACT

Texts and/or emails are not appropriate if you are having suicidal thoughts. Please call 911 if you are suicidal or in a crisis situation. We will make every effort to protect email and texting, however, we can provide no assurance of their privacy or security.

If you are experiencing a psychological emergency please call 911 or 988. Other resources include:

1. Call the emergency line at Maryview Hospital at 757-389-2400 or
2. Call the emergency line at Virginia Beach Psychiatric Hospital at 757-627-life or
3. Go to the nearest emergency room
4. National Suicide Hotline 1-800-273-8255
5. Local Suicide Hotline 757-385-0888
6. Suicide Text Line- text "EMPATHY" to 741741

We will respond to any calls within 48 hours notice, during business hours, excluding weekends and holidays.

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. The fee schedule/fee agreement is as follows:

2023 Fee Schedule

Graduate Intern: \$40

Resident Fee Schedule:

Intake Psychotherapy: \$70

60 minute Individual Psychotherapy: \$105

45 minute Individual Psychotherapy: \$70

30 minute Individual Psychotherapy: \$55

Resident Family/Couples Counseling: \$105

Resident Counseling Without Client Present: \$70

Reunification Therapy: \$105

Coparenting Therapy: \$105

Licensed Clinician Fee Schedule:

Licensed Clinician Intake Psychotherapy: \$200

Licensed Clinician 30 minute Psychotherapy: \$100

Licensed Clinician 45 minute Psychotherapy: \$150

Licensed Clinician 60 minute Psychotherapy: \$200

Licensed Clinician Family/Couples Counseling: \$200

Licensed Clinician Without Client Present Counseling: \$100

Reunification Therapy: \$200

Coparenting Therapy: \$200

Court Related Appearances: \$200 per hour

Letter Requests: \$50

Missed Appointment Fee: price of appointment

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. 24 hours notice is needed for any cancellation or reschedule and if not provided, the cancellation fee will be charged to the client's account and card on file.
- Balance Accrual
- Full payment is due at the time of your session. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service. If you are unable to pay your balance, please discuss options with your provider. Provider has the right to terminate or refer services due to unpaid balance. If you are unable to pay your balance, no future appointments will be scheduled until balance is paid in full.
- 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; or any phone calls outside of a regular psychotherapy appointment. 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. By signing this form, you are authorizing Coastal Virginia Counseling and Mediation to submit claims to your insurance company for Outpatient Psychotherapy Services, and release information to said insurance company.
- 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.

Insurance: If you are using your insurance for payment of services, by signing this form, you are agreeing to Coastal Virginia Counseling sending claims on your behalf to your insurance company. If you are using your insurance, please be aware of all insurance benefits, as the client is responsible for all payments owed after processing through insurance. Our company is unable to waive any copays or coinsurances that client is responsible for per contract with that insurance company.

- 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. By signing this form, I am consenting to Coastal Virginia Counseling running my card on file. The practice may run card on file before or after the scheduled appointment.

- Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes, which is commiserate with the hourly rate.

APPOINTMENTS, CANCELLATION POLICY, AND AVAILABILITY

Client may schedule appointments at our office through our website, calling our office, or speaking directly to their clinician during session. At times, clinician may put client on a recurring appointment schedule according to each clinician's discretion. If client cancels or misses more than one recurring appointment, clinician reserves the right to remove client from recurring appointment schedule. Clinician may remove client from recurring appointment schedule at their discretion. Client may still schedule appointments online, or call to schedule, but clinician may reserve the right to not reinstate client on a new recurring appointment schedule. Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any sessions(s) for which the client failed to give at least 24 hours' notice of cancellation. Cancellation notice should be left on Therapist's voicemail at 757-222-4944. Failure to no call or no show to appointment will result in a missed appointment fee of full price of scheduled appointment, as well as failure to give 24 hours' notice of cancellation. If you are a client under MEDICAID and you miss more than two appointments, you will be terminated from therapy. If you miss appointments, the office will not call to check on client as we believe it is client's responsibility to take ownership of the therapeutic process. Clinician reserves the right to terminate therapy after missed appointments. Coastal Virginia Counseling is equipped with a confidential voicemail system that allows a client to leave a message at any time. We will make every effort to return calls within 48 hours notice, during business hours, excluding weekends and holidays, but cannot guarantee the calls will be returned immediately. In the event that client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency. If a client is more than 15 minutes late to scheduled appointment time, clinician reserves the right to cancel

appointment, and client will need to reschedule. Appointment reminders are a courtesy, and the missed appointment fee will still be assessed regardless of receiving an appointment reminder.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request at our office.

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. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington D.C., 20201 or by calling 1-877-696-6115, or by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint.

PLAY THERAPY

At our office, clinicians use play therapy when working with children, teens, adolescents, families, and individuals. By signing this document, you are consenting to play therapy. Play therapy builds on the natural way that children use self-guided exploration to learn about themselves and their relationships in the world around them. Through play therapy, the child will learn how to communicate with others, express and explore their emotions, modify behavior, develop problem-solving skills, and learn a variety of ways to relate to others. Play therapy provides a safe space for the child to explore their problems and allows expression of thoughts and feelings appropriate to their development.

Play Therapy Rules:

1. Child must use the restroom prior to the play therapy session.
2. Child must wear comfortable clothing to the play therapy session.
3. Child must comply with the play therapy room limits and boundaries set by Clinician.
4. Parent/Legal Guardian must stay in the lobby for the duration of the play therapy session.
5. Child must use hand sanitizer or wash hands before/after play therapy session to prevent spreading germs.

Materials that may be used in Play Therapy and child may come into contact with:

Glitter, Tide fragrance free detergent, glue, various essential oils, hand soap and hand sanitizer, glycerin, washable and acrylic paint, hand wipes, sand, food coloring, various expressive arts materials, lavender petals, various tactile toys, orbeez/water beads.