



GRACE HUNTLEY
— COUNSELING —

Informed Consent

I, _____, hereby consent to participate in telemental health with Grace Huntley, as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology-assisted media or other electronic means between a practitioner and a client who are in two different locations.

These items will be reviewed during the first session. Please feel free to ask questions about any of the below at any time.

1. Confidentiality

In therapy, everything spoken about will be held strictly confidential with the following exceptions:

- a. If you authorize the release of information in writing.
- b. If the clinician is concerned that you may pose a serious danger to yourself or others.
- c. If the clinician is made aware of the abuse/neglect of a child (including the production, distribution, and ownership of media in which a child is engaged in an act of sexual conduct), elder, or dependent adult.
- d. If there is a court order to release information.
- e. When individual or group consultation is sought in order to improve the work.
- f. When working with couples and families we employ a "no secrets" policy meaning information shared with a therapist can then be shared with other members of the couple/family.

I understand that if I communicate via email to my clinician my confidentiality cannot be guaranteed.

2. Telehealth

I understand the following with respect to telemental health:

- a. I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- b. That there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies
- c. There will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- d. The privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- e. If I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- f. During a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at hello@gracehuntleycounseling.com if we have to re-schedule.
- g. My therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

3. HIPAA Right to Access

Individuals have a right to access protected health information in a "designated record set." A "designated record set" is defined at 45 CFR 164.501 as a group of records maintained by or for a covered entity that comprises the medical records and billing records about individuals maintained by or for a covered health care provider. For a comprehensive description of your complete rights. Please refer to 45 CFR § 164.524.

4. Availability between Sessions

Hours for Grace Huntley Counseling are typically Mondays- Fridays from 10 a.m. - 5:00 p.m. On Mondays, Tuesdays and Thursdays there are extended hours from 5:00 - 7:00 p.m. and on Friday I begin at 9:00 a.m. If you need to speak to someone after hours you may call the National Suicide Prevention Hotline 1-800-273-TALK (8255) or text Got5 to 741741, the Crisis Text Line.

5. Cancellations and Missed Sessions

Clients are expected to attend all scheduled appointments. Appointments must be canceled 24 hours in advance. Any appointment not canceled 24 hours ahead of time will be charged for the missed session. It is sometimes necessary to miss appointments due to holidays, vacation, or other such leaves. We ask that you give as much notice of your plans as possible. Repeat cancellations, even with notice, will be discussed, and might need to signal the need to end therapy. If Grace Huntley Counseling needs to close for any reason during a regular session, we will give as much advance notice as possible.

6. Fees

Fees are based upon 45-minute individual sessions. I accept checks, credit cards, or Venmo for payment. All checks must be made payable to Grace Huntley. Unless you cancel ahead of time in compliance with the Cancellation Policy, you will be billed for the full session fee. Insurance typically will not cover missed appointments.

Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life- threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is: _____

and my emergency contact person's name, address, phone:

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Client Signature: _____

Date: _____