

Telemental Health Informed Consent

INFORMED CONSENT FOR TELEMENTAL HEALTH

AGREEMENT FOR PSYCHOTHERAPY SERVICES CONDUCTED BY PATRICIA LEE LLC, LICENSED PROFESSIONAL COUNSELOR

MY CREDENTIALS

I am licensed to practice psychotherapy in the state of Colorado as a Licensed Professional Counselor, Colorado License #587, in Indiana as a Mental Health Counselor, License #39001913A and in Alaska as a Professional Counselor, License #163184. I have a Master of Arts in Counseling and Human Services from the University of Colorado and a Master of Education in Learning Disabilities from Trenton State College. I am also a certified provider of HeartMath™, a certified practitioner of NeuroLinguistic Programming™ and have received basic training in Eye- Movement Desensitization and Reprocessing (EMDR) and Thought Field Therapy (TFT) Level One. I have completed more than 30 hours in telemental health training also known as online counseling. I have been licensed as a Professional Counselor since 1992.

SERVICES OFFERED AND TECHNIQUES USED

My telemental health counseling services are provided via secure and encrypted HIPAA compliant videoteleconferencing through Simple Practice.com, VSee.com. and Sondermind.com. I work with adults and couples utilizing a variety of counseling techniques including, but not limited to the following:

- Behavioral
- Cognitive-Behavioral
- Psychoeducational
- Hypnosis
- Eye Movement Desensitization Reprocessing (EMDR)
- HeartMath™
- NeuroLinguistic Programming™
- Thought Field Therapy (TFT)

Please ask if you would like further information about these techniques.

Active participation, openness and honesty are important in the therapy process. I will always be honest with you and expect you to be the same. Throughout the therapy process I will ask for your feedback and response to your therapy experience. If either you or I become dissatisfied with the progress or lack of progress being made toward your therapy goals I am obligated to discuss this with you and to make an appropriate referral to someone who may have other methods or techniques that would be more helpful. This may include terminating my treatment of you. If I have your written consent I will provide essential information to facilitate your transition to another professional.

Sometimes change happens quickly but psychotherapy usually requires consistent time, effort and commitment on your part. There is no way to predict how long the course of your therapy will be. There is no guarantee psychotherapy will yield positive or intended results.

BENEFITS AND RISKS OF THERAPY

Participation in therapy has both benefits and risks to yourself and to those with whom you interact. You may experience any of the following benefits as well as many others depending on your personal situation:

- More satisfying relationships
- Improvement in communication skills
- Enhanced self awareness
- Higher self esteem
- An overall sense of wellbeing
- More clarity about personal boundaries
- Increased confidence.

Working on personal issues in individual therapy may also result in changes in other areas of your life. For example, becoming more confident and feeling better about yourself may lead to a partner or coworker feeling threatened by your change. Unintended changes in behavior, attitude and thinking may occur that may be difficult for others to accept.

Telemental health has its own risks and benefits. Benefits include the opportunity to receive services in places where in office counseling is unavailable or not readily accessible such as rural areas. Online counseling offers the convenience of meeting from your home in case of bad weather, sick children or other unforeseen events. Telemental health has associated risks including technical failures, poor internet connections and cloud-based services that malfunction as well as general power failures. Not being physically present together may limit the therapist's ability to gather otherwise observable information about the client. An assessment of suitability for online therapy will be conducted and appropriate referrals made if it is determined you are not suited to this method of delivering counseling.

REGULATION OF PSYCHOTHERAPISTS

The practice of both licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1340, Denver, CO 80202; (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a licensed Marriage and Family therapist, and a Licensed Professional Counselor must hold a Masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A Licensed Addictions Counselor must have a clinical Master's degree and meet the CAC III requirements. A Registered Psychotherapist is listed in the State's Database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. If you are a resident of Indiana you may contact the Indiana Professional Licensing Agency, Mental Health Board, 402 W. Washington Street, Room W072, Indianapolis, IN 46204.

You are entitled to be informed of the techniques I use, duration of therapy, and my fee. You may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses, certifies or registers the therapist.

Privacy and Confidentiality

Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: 1) I am required to report any suspected incident of child abuse or neglect to law enforcement; 2) I am required to report any threat of

imminent physical harm by a client to law enforcement and to the person/s threatened; 3) I am required to initiate a mental health evaluation of a client who is imminently a danger to self or to others, or who is gravely disabled, as a result of a mental disorder; 4) I am required to report any suspected threat to national security to federal officials; and 5) I may be required by Court Order to disclose treatment information.

When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information regarding my concerns. By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice, should it become necessary.

Under Colorado Law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

Understandings

I agree not to record our sessions without written consent of Patricia Lee; and Patricia Lee agrees not to record a session or conversation with me without my written consent. Guided meditations to practice at home will be recorded by mutual consent at time of session.

I agree to provide Patricia Lee, LLC with the address of my physical location at each telemental health session.

I understand and agree that if I do not communicate with Patricia Lee for a period of three weeks my case will automatically be terminated. I may reactivate my work with Patricia Lee only with her approval.

I understand that if I fail to show for two scheduled consecutive or nonconsecutive appointments my work with Patricia Lee will be terminated and I will pay in full for each missed appointment.

I understand that Patricia Lee requests a final termination session to close out the therapy work, assess progress and make final recommendations.

I have read the preceding information and understand it will be presented to me verbally at or before my first session.

I understand the disclosures that have been made to me. I also acknowledge I have access to this Disclosure Statement on my patient portal.

