**INFORMED CONSENT FOR TREATMENT**

**I agree to receive treatment from Central Virginia Psychology.**

**Client Rights and Responsibilities**

I understand that I have a right to:

* Participate in the creation of the goals and plan for treatment and to end therapy at any time.
* Ask questions regarding my therapy, my therapist’s qualifications and to make a complaint to the supervisor and/or licensing authority as indicated in the notice of privacy practices.
* Confidentiality in most situations. Exceptions include, but not limited to: If I sign a release of information, if there is suspicion of child or elder abuse, if the court orders the release of information or if there is a suspicion that I might harm myself or someone else.
* Obtain copies of my records, to have them explained to me, and to make amendments if there are errors.
* Treatment regardless of my race, gender, sexual orientation, gender identification, or national origin.

I understand that I am responsible for:

* Providing accurate and complete information about my current problems, past illnesses and treatment, and any matters related to my physical and mental health.
* Reporting any changes in my condition to my therapist.
* Most importantly, I understand that while my therapist will assist me to reach my therapy goals, the final responsibility for change is mine. If treatment goals are not being met, both the therapist and the client have a responsibility to re-examine the treatment plan and devise new approaches or perhaps consider referral to another therapist.

**Clinician Competence**

A psychologist will complete an assessment and make treatment recommendations. Sometimes those recommendations may include referral to another professional due to clinical issues that are not within the therapist’s area of competence. While this usually happens quickly after an assessment, sometimes new clinical information surfaces and the referral may be recommended later in treatment. In this case, we will do our best to help you find an appropriate professional.

**Therapy Risks and Benefits**

In our clinical experience, mental health problems respond well to a combination of counseling, peer support and sometimes medication. Staff will provide therapy using a variety of treatment approaches to help you achieve your stated goals and will make referrals to other helpful resources. However, while therapy is beneficial, there are risks.

Our work together will involve talking about personal issues which may bring up uncomfortable emotions. You are strongly encouraged to discuss these emotions with your therapist. Further, therapy could involve making changes in multiple areas of your life. This may or may not be considered a “risk”.

Benefits of therapy can far outweigh the risks. Some of the benefits include increased feelings of happiness, hopefulness and serenity, improved personal and family relationships, improved work performance, and improved overall physical and mental wellbeing.

If you are ordered into treatment (mandated) by a judge, probation officer, or employer, they will likely require a release of information form. This form allows us to give your referring party the information about your treatment. This circumstance could present both a benefit and a risk. Note that you always have the right to rescind (cancel) your release of information at any time, but this oftentimes has consequences.

**Informed Consent for Telehealth / Teletherapy**

Teletherapy will include video and/or telephone therapy. This type of communication is not appropriate for all clients and its effectiveness will be continuously evaluated. We use only HIPAA compliant online services. Your records will be protected through authentication and information will be stored (as usual) on a password protected and encrypted computer, with backups to cloud storage.

* **Possible Benefits**: could include the ability to access therapy remotely, there is an opportunity for more flexibility in scheduling, and the convenience of access from multiple settings.
* **Possible Benefits**: could include increased safety for you and and your family.
* **Possible Risk: Security Issues**: risks could include, but are not limited to, being overheard, mis-sending a message, and potential risk to privacy of sensitive information, even if all reasonable measures are taken.
* **Possible Risk: Technical Issues**: could include, but not limited to, phone not properly charged, computer and/or software not working, inexperience with computers or the software.
* **Possible Risk**: **Therapy Issues**: video/telephone communication is not foolproof and sometimes misunderstandings can occur. Please let us know if something has occurred that is bothersome. To participate in teletherapy, we will require a contact in case you need extra support.

If you decide to utilize this service, you may also want to take steps to support your privacy and security during communication with your therapist. Here is a list of recommendations:

* Engage in sessions in a private location where you cannot be heard by others and can plug your device into power.
* Use a private phone or computer.
* Do not record any sessions.
* Password protect any technology on which you will be interacting with your therapist.
* Always log out or hang up once therapy sessions are complete.
* Use secure networks and avoid public hot spots.
* Maintain your network and computer security updates and patches/
* You and your therapist will need to set up a plan for managing technical problems, including creating a backup plan.
* **Payments:** Your sessions will be billed like any other treatment. In the case of insurance, we have tried to make sure that your insurance covers this service. It is YOUR responsibility to make certain that your insurance covers “telehealth”. Services not reimbursed by the insurance company will be billed to the clients.
* **Cancellations:** We have a policy requiring one business day notice to cancel an appointment. No show fees will be charged if clients miss their appointment time unless there are extenuating circumstances.
* **Appointments**: Teletherapy appointments are scheduled and records kept the same way as a normal “in person” therapy session or doctor visit.

**SOCIAL MEDIA POLICY**

Staff members of Central Virginia Psychology (CVA) do not communicate with clients using social media including Facebook, Twitter, Snapchat, Instagram, Linked In, etc. Please do not attempt to contact, “friend”, or seek interactions through any of these media, as your request will be denied.

**ELECTRONIC COMMUNICATION POLICY**

If you have an emergency you should **make a telephone call to us**. Emergency contacts should never be made via text or email. If we are not immediately available, call 9-1-1 or go to the hospital emergency room.

**Texting**

We do not communicate about your clinical or personal matters by texting. Texting is not a secure medium of communication and your information could be accessed by outside parties. Certain business functions such as scheduling or cancelling may be handled by text, if you choose this. By choosing to interact with staff through text, you are indicating that you have been informed of the risk and are choosing to use this medium anyway. Clients who choose to us must understand that it may take some time before they receive a response and that they should call their therapist if a timely response does not occur. All texts are part of the clinical record. **Texting should NEVER be used in an emergency situation**.

**Email**

Email communication with our staff is discouraged. Clients should understand that emailing is not a secure medium of communication and that your information could be accessed by outside parties. By choosing to interact with staff through email, you are indicating that you have been informed of the risk and are choosing to use this medium anyway. Clients who choose to email with their therapist understand that it may take some time before they receive a response and that they should call their therapist if a timely response does not occur. All emails are part of the clinical record. **Emailing should NEVER be used in an emergency situation**.

I have read (or had read to me) the above policies and have had an opportunity to ask questions.

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Signature Date