

## Consent for Consultation

Thank you for your interest in consultation services. This document provides important information about consultation services and policies, so that you and your provider can work together effectively.

*A consultation offers the opportunity to ask questions, discuss concerns and pre-screen for appropriate next steps but is not admission to treatment. Please note consultations differ from diagnostic evaluations. Diagnostic evaluations assess for medical necessity of mental health treatment. Consultations are not counseling or psychotherapy.*

### Emergencies:

**In the event of a mental health crisis, please call 911 or visit the closest emergency room or other urgent care facility.** Consultation appointments are not for emergency or crisis care.

### Confidentiality

Patient information is held confidential in accordance with both legal and ethical standards. This information includes but is not limited to session notes, test results, written reports and financial information. However, there are certain circumstances in which your provider may be required by law to breach patient confidentiality. These circumstances include:

- If your provider believes that a client is a danger to themselves or others
- If your provider believes that an individual is the victim of child/elder/disabled adult abuse or neglect
- Court mandated subpoenas

SimplePractice EHR, phone systems, billing systems, and email have a BAA with your provider in order to maintain HIPAA compliance.

### Appointments

Please be respectful of others by being mindful of your scheduled time. Understand that we take great care to avoid being late for any client. Consequently, if you arrive late for an appointment, the time will not be extended. Late arrivals to appointments will be charged the full fee. Accordingly, if you would like extended time, please request to schedule two back-to-back consultation appointments. You may cancel an appointment by calling 513-847-3891. Each consultation appointment missed without canceling at least 24 hours in advance will incur the full fee of \$100.

### Fees

Consultation appointments do not assess for medical necessity and are not covered by health insurance. The fee for a 45-minute consultation is \$100. The card you used to book the consultation appointment will be automatically charged for the appointment.

By signing this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered and any session that is not cancelled at least 24 business hours prior to the scheduled session. In addition, you certify that you are an authorized user of the credit card you use to book the



appointment and will not dispute these scheduled transactions with the bank or credit card company as long as the transactions correspond to the terms indicated in this consent form. Please be aware that credit card transactions could be linked to protected health information.

Consultations are not counseling or psychotherapy. Some psychotherapy services are covered by insurance plans when considered medically necessary. If you are interested in therapy, please let the clinician know. If you would prefer to schedule a diagnostic evaluation rather than a consultation, please call 513-847-3891 at least 24 hours prior to reschedule the appointment.

### Telebehavioral Health

Telebehavioral health refers to services or communications provided via electronic means such as phone, fax, video, email, messaging or text. Electronic communications are used at this practice. By consenting to this form, you are consenting to all use of telehealth and electronic communication. Telehealth communication is utilized between clinician and client and information may be faxed or emailed to a referring physician, agency, or any other person or company to whom you request that we send information. Appointment reminders and billing statements are routinely sent as an email, text message, or voice message. Please know that our phone, fax and email are HIPAA compliant and under a BAA. Email is encrypted with TLS. Nonetheless, security breaches are possible with any system, and you need to be aware that there is always some degree of risk associated with any form of electronic communication and privacy cannot be guaranteed. If there is any form of electronic communication that you wish to prohibit, please discuss it with your provider, Christy Pulsford.

### Agreement to the following:

- I have read the information in this Consent and agree to abide by its terms during my professional relationship with Christy Pulsford, GrowthINSight Counseling LLC.
- I consent to consultation services and authorize Christy Pulsford to provide consultation services to the identified client (i.e., you or your dependent).
- If seeking services for a dependent, I have full legal rights to make legal and healthcare decisions for the dependent listed below.
- I understand the card I used to book the appointment will be automatically charged for the consultation appointment. I authorize Christy Pulsford, GrowthINSight Counseling LLC to charge my credit card through Stripe.

\_\_\_\_\_  
Name of Client (please print)

\_\_\_/\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_/\_\_\_/\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Clinician

\_\_\_/\_\_\_/\_\_\_\_\_  
Date Signed

