**Client Information:**

|  |  |  |
| --- | --- | --- |
|  **Last Name** | **First Name** | **Middle Name** |
| **Date of Birth** | **Phone** |  |
| **Street Address** | **City/ State/ Zip** |  |

 **Emergency Contact**

|  |  |
| --- | --- |
| **Name of person to contact in case of an emergency:** | **Phone:** |
| **Relationship to Client:** |  |

I authorize my insurance benefits to be paid directly to the physician/ provider and I am financially responsible for all charges. I hereby consent to the release and re-disclosure of my medical record to enable or facilitate the collection, verification or settlement of my account for any amounts due from me or any third party payor, health maintenance organization, insurer or other health benefit plan.

This consent applies to MaryAlyce Torpy, LCSW, LLC and any of its affiliates, contractors, lenders, agents or any third party servicer acting for MaryAlyce Torpy , LCSW or its affiliates.

**Informed Consent Addendum for Telehealth Services**

MaryAlyce Torpy, LCSW, LLC, hereafter referred to as MARYALYCE TORPY, LCSW, LLC, has presented to me the option of receiving counseling services through electronic technology, such as video conferencing, teletherapy/telehealth platforms, and other technologies that facilitate interaction between my counselor and me when we are not physically present in the same room at the same time. I understand that MARYALYCE TORPY, LCSW, LLC is able to provide telehealth/teletherapy, as permitted by law.

I understand that MARYALYCE TORPY, LCSW, LLC uses HIPAA-compliant electronic platforms. I also understand that MARYALYCE TORPY, LCSW, LLC is permitted by law to use third party vendors for services such as record keeping, billing, legal counsel, etc. I understand that I am responsible to provide my own secure internet connection (not public access wifi) and personal device that has a camera, microphone and speakers and that these are functional. I understand that it is my responsibility to know how to work my devices.

I am aware that while there may be benefits in engaging in Telehealth services, it is not the same as in person therapy. I am aware of the advantages and disadvantages of counseling by electronic technology, including the inherent limitations of such counseling and the potential risks, including, but not limited to: technical failures, interruption by unauthorized persons, unauthorized access to transmitted and/or stored confidential information, and decreased availability of a remote counselor in the event of a crisis. I acknowledge these risks and will not hold the MARYALYCE TORPY, LCSW, LLC or the therapist liable for any inconveniences or adverse outcomes.

I understand that I am responsible for my health and safety and for communicating my needs. If I am a danger to self or others, I will call 911 or go to the ER. I understand that if my therapist believes me to be a risk to myself or others, that they may call 911 or get me emergency medical help.

Payment requirements that apply to in person sessions equally apply to therapy sessions conducted via telehealth methods. It is my responsibility to contact my insurance company to determine if telehealth services are reimbursable under my policy.

MARYALYCE TORPY, LCSW, LLC may not accept friend or contact requests from current clients on social media networking platforms (Facebook, Instagram, Twitter, LinkedIn, etc). The use of text messaging, emails and social media communication is not a secure form of communication. If I choose to communicate in these ways, I understand that I do so at my own risk. Urgent or sensitive communication should not be done over text, email, or social media.  These means of communication are not monitored 24/7 by MARYALYCE TORPY, LCSW, LLC.  I will discuss matters that are sensitive or safety related with my therapist in person or over the phone. Finally, each therapist is able to determine their own limits regarding the use of these forms of communication and can contract with client regarding the use of these telehealth services and electronic communication.

I understand that I must verify my identity to receive services via electronic technology. Identity must be verified during initial intake session with visible driver’s license or valid state ID.

I understand that I am encouraged to take notes in session but I may not record counseling sessions. I agree to not allow others to listen in or see my visits without the agreement and knowledge of my therapist. I understand that my therapist will also not record sessions.

It is the client’s responsibility to ensure privacy at their location and if privacy is interrupted, immediately inform therapist.  This may be communicated directly or via a previously established ‘code word’.

I understand that all other policies and practices that I have agreed to during in person therapy applies to telehealth visits. I understand that all previous applicable paperwork is still in force. I understand that this can change without warning, as appropriately needed. I understand that I, or my therapist, can stop a telehealth session at any time if it is deemed to not be appropriate to proceed. I understand that we are responsible for communicating this and must give notice and be reachable to address the reasons.

I understand that I must be located in VA while receiving these services.

I understand the above and have communicated any concerns or questions.

I have carefully considered my options and am aware of the benefits and risks and I consent to receive counseling from MARYALYCE TORPY, LCSW, LLC through electronic technology.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals and Outcomes:** Counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, and/or behaviors. You determine the amount and nature of change you wish to make. The goals are set by the client and discussed with the therapist. Goals should be re-evaluated during the process to assess progress or to modify goals. Outcomes are impacted by a variety of factors including but not limited to openness/honesty, hard work, consistency, follow-through, physical health, expectations, etc. MaryAlyce Torpy, LCSW, LLC cannot promise or guarantee change.

**Benefits and Risks:** The process of change takes time. It is important to have realistic expectations and to discuss them. At times, situations get worse before they get better, or they may get better and then get worse, or they may plateau. This is normal. It is also normal to experience some feelings of anxiety, depression, guilt, frustration, loneliness, etc. prior to or after a session. An additional risk may be encountering your therapist in a public place. Please advise your therapist on how you would like them to proceed if this happens. MaryAlyce Torpy, LCSW, LLC cannot promise or guarantee change.

**Length of Therapy:** The length of therapy will vary on an individual basis due to goals and needs. This should be discussed throughout the counseling process.

**Expectations and Other Areas of Discussion:** Client is expected to be honest and open. Client is expected to communicate concerns, goals, expectations, etc. Client is expected to make an active effort to work on change both during and between visits. The first few sessions may involve an evaluation of your needs.

If at all possible, client is expected to leave children at home. Children who accompany their parent(s) must be young enough to not be impacted by the content discussed in the session. Children should not be left in the waiting room unattended. Therapist is not responsible for the safety or health of anyone in the waiting area.

Termination of therapy may be based on but not limited to the following reasons: fraud/deceit, non-payment of services rendered, breaking of contracts, the need for referral to additional services/resources, wrong fit between client and therapist, etc. Therapy can be terminated by either the therapist or the client. However, it is recommended that a conversation regarding termination happen between both parties. Should you desire to seek another therapist, your therapist can provide you with alternatives. Please let the therapist know if you do not intend to return to therapy and the reasons for not returning. It is expected that you will talk to your therapist if you are unhappy with therapy as your needs may be better met after communicating misunderstandings, unmet expectations, disconnect between personalities, etc. A portion of therapeutic success is impacted by the relationship between client and therapist.

Please inform the therapist of any changes in address, phone, or other details. If you need to get ahold of your therapist between sessions for scheduling or general questions, please make contact through phone (EMAIL may not been seen for a number of days). Your therapist may not be immediately available so, if desired, leave a message. Your therapist will make every effort to return your calls within 24 hours unless it is a weekend, holiday or vacation. If you cannot get a hold of your therapist and it is an emergency, please go to the emergency room or call 911.

**Appointment Reminders:** Reminders are sent via text or email, whichever method the client prefers. IF CLIENT DOES NOT WISH TO RECEIVE REMINDERS VIA TEXT or EMAIL, please check the box below. MaryAlyce Torpy, LCSW, LLC cannot participate in a therapeutic dialog via text or email (nor any form of social media). Text is for appointment reminders only (or rescheduling). **Client is expected to notify the therapist of the need to cancel or** **reschedule at least 24 hours prior to the appointment.**

 I do NOT wish to receive a text or email reminder for my appointment.

**Payment for Services:** Client is expected to pay at the time of service if not funded under Headstrong Project or a Veteran Service Organization. Returned check fee is $35.00. The clinical fee for a 50 minute session is $160.00. Additional time is charged in half hour increments. If the client is unable to pay this fee, a sliding scale ($120.00-$160.00) based upon income and need may be used. If a sliding scale is used, the client may be expected to bring tax returns to verify income. If you are in need of a sliding scale, please talk to your therapist about the requirements and breakdown of fees.

**Reports & Documentation:** Fees may be applied for any documentation or paperwork needed for employment, security clearances, school, court, insurance, progress reports, disability claims with the Veterans Affairs etc. Fees may also be assessed for any necessary appearance of the therapist at school, court, insurance, mediation, etc.

**It is MaryAlyce Torpy, LCSW, LLC's policy to not go to Court;** however, if absolutely necessary for the therapist to do so, there will be a fee. Fees may be assessed for phone calls over 15 minutes in length. Any client that has a balance that is 60+ days overdue or an outstanding balance of $200 may not be scheduled for additional appointments until the balance is paid or therapy may be terminated and the client may be referred to community resources.

**Confidentiality:** The information you share in counseling can be very personal. Confidentiality is essential. A written Authorization for Release of Confidential Information is required to talk to or exchange information with another party. However, MaryAlyce Torpy, LCSW, LLC is mandated by law to report any suspicion or knowledge of any neglect or abuse of a child/elderly person or of any intent to harm self or others regardless of whether an Authorization for Release of Confidential Information is signed. Please refer to HIPPA/ Notice of Privacy Practices for additional information on your privacy regarding health matters. Information may also be discussed in connection with external and/or internal supervision/staffing and evaluation, billing or office management issues.

**Billing:** MaryAlyce Torpy, LCSW, LLC is able to do all billing and other administrative tasks in house. Kandy Howard is our billing and office manager. Please contact provider with questions about your bill. It is expected that you will inform us if you would like to have your bills and other documents sent to a particular address other than your own.

**Records:** Clients are entitled to a copy of their paperwork, excluding process notes. Request for records must be sent in writing to MaryAlyce Torpy, LCSW, LLC. A Release for Medical Records may also have to be filled out. MaryAlyce Torpy, LCSW, LLC may have the right to deny a copy of paperwork if there is clinical justification to do so. It is MaryAlyce Torpy, LCSW, LLC's policy not to go to court. However, if appearing in court is necessary there will be a fee. Please talk to your therapist if you have questions or concerns with your paperwork. **Minors:** If the client is under 18 years of age, the law may require that parents/ guardians may have the right to examine the minor client's treatment records. It is necessary to have an atmosphere where the minor can share without the fear of reprisal or misunderstanding by the parents/ guardians. It is important for the therapist to have a balance of confidentiality for the minor and the ability to access help through the parents/ guardians if there are serious concerns about safety, mental health or relationships.

**Cancellation/ Reschedule of Appointment:** Once time is allocated for the client's therapy session, that time is the client's. It is difficult to reallocate that time to another on short notice. It may also be difficult to reschedule in a timely manner as appointments fill up quickly. **The client is expected to give at least 24 hour notice of the need to cancel or reschedule**. **The client will be charged half of the fee for an appointment when there is not 24 hours notice given ($80). If client is funded under a program such as a VSO or Headstrong, this fee does not apply (due to contract).** Under these circumstances, after two no-shows or late cancellations, the therapy will be terminated with additional resources provided.

The $80 payment will be expected at the next visit. The client, not a third party, will be billed in this situation. **Insurance companies and charitable organizations will not reimburse for missed sessions.**

**In Case of Emergency: If** you are experiencing a mental health emergency, go to the nearest emergency room or call 911. Please leave a voicemail message for your therapist with an update, so they will know how they can be helpful to you. Please provide emergency contact information to MaryAlyce Torpy, LCSW, LLC so that if any unforeseen circumstances happen during a session, your therapist can get you help.

**I understand the above information and agree to abide by its terms during our professional relationship. If there is anything in this form that I do not understand, it is my responsibility to seek clarification prior to signing**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

**Notice Of Privacy Practices**

Please read through the information below carefully and sign at the bottom indicating that you have read and understood the information contained in this notice.

**Why MaryAlyce Torpy, LCSW, LLC Provides You With This Notice:** Federal law requires me to give you this notice, and it is known as the Health Insurance Portability and Accountability Act (HIPPA). This Notice will tell you about the ways in which I may use and disclose health information about you and will describe your rights and my obligations regarding the use and disclosure of that information. Your

Health Information: This notice applies to the information and records we have about your health, health status, and the health care services you receive from MaryAlyce Torpy, LCSW, LLC. This information and record relates primarily to counseling services you will receive from me. How We May

**Use and Disclose Health Information About You:**

For Treatment: MaryAlyce Torpy, LCSW, LLC may use or disclose health information about you to facilitate counseling and other health treatment. For example, I may disclose information about you to another therapist or to a supervisor to determine the most appropriate care for you.

For Payment: MaryAlyce Torpy, LCSW, LLC may use or disclose health information about you so that I can be paid by you, or any other party, if they are paying any portion of the fee for the services I provide for you.

For Operations: MaryAlyce Torpy, LCSW, LLC may use or disclose health information about you in order to run the office and make sure that you and other clients receive quality care. For example, I may use your information for my employee to contact you to remind you of your appointments.

Special Situations: MaryAlyce Torpy, LCSW, LLC may use or disclose health information without your permission for several reasons.

These reasons include:

• Disclosing your health information in order to prevent a serious threat to your health and safety or the health and safety of another person.

• Disclosing your health information as required by law to prevent injury or suspected abuse or neglect. • Disclosing your health information as required by federal, state or local law.

• Disclosing your health information in response to a court order, subpoena, warrant, summons or similar process.

**Other Uses and Disclosures of Health Information:**

Except where otherwise required or authorized by law, I will not use or disclose your health information for any purpose without your written authorization. If you authorize me to use or disclose health information about you, you may revoke your authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose your health information for the reasons covered by your written authorization, but I cannot take back any uses or disclosures I have already made with your permission.

**Your Rights Regarding Your Health Information:**

• You may inspect and copy your health information (demographics and billing records) with certain exceptions (case process notes).

• If you believe that the health information we have about you may be inaccurate or incomplete you may ask us to amend the information. Request must be made in writing.

• You may obtain an accounting of the disclosures of your health information. This is a list of all our disclosures of your health information for the purposes other than treatment, payment and health care operations.

• You may request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.

• You have the right to receive a paper copy of this notice if you desire. If you want to exercise any of these rights, please let your therapist know with a written request at any time.

**Change to this Notice**: MaryAlyce Torpy, LCSW, LLC has the right to change this notice. If a change happens, the new notice will apply to the health information we may already have about you and to the health information that we receive in the future. MaryAlyce Torpy, LCSW, LLC is required to abide by the most current notice that is in effect. **You are entitled to receive a copy of the most current notice.**

**Complaints**: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date