

# Stefanie Von Ohlen, LCSW

## Informed Consent for Psychotherapy Services

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**IMPORTANT** – Please print and complete this form prior to your first appointment.

**NOTE** - The last page can be signed at the initial meeting if you have any questions.

Welcome to the practice of Stefanie Von Ohlen, LCSW. This document contains important information about professional services and business policies in addition to information about your rights and responsibilities as a client. Please be sure to discuss any questions with Stefanie Von Ohlen, LCSW. Your signature at the bottom of this form indicates that you understand the information and freely consent to participate in services.

**CONFIDENTIALITY:** Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is especially important in securing and maintaining that trust. All information disclosed within sessions and the written records pertaining to those sessions is confidential and may not be revealed to anyone without your written permission except where disclosure is required by law (see below). A “Release of Information” form must be completed and signed by the client giving Stefanie Von Ohlen, LCSW permission to discuss or provide information with specified others. HIPAA laws also provide protection. A copy of these laws is available on [www.stefanievonohlen.com](http://www.stefanievonohlen.com) and in the office for your review. You may ask for clarification of these protections at any time.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self or others; if the issue of psychological treatment is raised during the course of a lawsuit, Stefanie Von Ohlen, LCSW may be forced by the court to reveal the details of your treatment.

**THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Participation in therapy can result in several benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires active involvement, honesty, and openness in order to change thoughts, feelings, and/or behavior. Clients who are devoted to attending sessions, challenging maladaptive patterns, and applying new skills experience the most benefit from treatment. Stefanie Von Ohlen, LCSW provides neither custody evaluation recommendations nor medication or prescription recommendations nor legal advice, as these activities do not fall within her scope of practice. Together, we will determine a treatment plan based on your stated goal.

**POTENTIAL BENEFITS AND RISKS OF PSYCHOTHERAPY:** The goal of therapy is to reduce difficulties and strengthen coping strategies. In most cases, therapy improves one’s sense of well-being and his/her relationships; however, in some situations little or no benefit may be obtained from individual therapy, or an individual may become worse in which case a different form of treatment is needed. Other treatment modalities such as family therapy, group therapy, and/or medication may be helpful and will be discussed with you if the need arises. Whether or not you choose to utilize any of these interventions is determined by you. If you have any questions about Stefanie Von Ohlen, LCSW’s procedures please discuss them with her when they arise. You may question or refuse any suggested therapeutic or diagnostic procedure or methods at any time. If an agreement on treatment methods is unable to be reached, a referral can be given or therapy can be discontinued.

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**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Stefanie Von Ohlen, LCSW to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon. You understand that if Stefanie Von Ohlen, LCSW is subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you or your family, you will be responsible for paying Stefanie Von Ohlen, LCSW at the rate of \$350.00 an hour for all time expended on preparation, transportation, and testimony.

**CONSULTATION:** Stefanie Von Ohlen, LCSW may consult with other professionals regarding her clients; however, each client's identity remains completely anonymous, and confidentiality is fully maintained.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Stefanie Von Ohlen, LCSW between sessions, please leave a message at (716) 598-7473, and your call will be returned as soon as possible. Please do not use text, email, voicemail, or faxes for emergencies. If an emergency situation arises, please call the following:

**Georgia Resources**

- Emergency/Police/Fire/Poison Control: 911
- Behavioral Health Crisis Center (24/7): (800) 525-8751
- Crisis Line: 988

**Florida Resources**

- Emergency/Police/Fire/Poison Control: 911
- St. Anthony's Hospital Emergency Room: (727) 825-1100
- Personal Enrichment Through Mental Health Services (PEMHS): (727) 545-6477
- Crisis Line: 211
- Florida Abuse Hotline: (800) 962-2873

**PHONE OR EMAIL THERAPY:** If you choose to communicate by email, be aware that all emails are retained in the logs of Stefanie Von Ohlen, LCSW's internet service provider and your internet service provider. If you need to contact Stefanie Von Ohlen, LCSW between sessions, that best way to do so is by phone. Please limit mobile phone text messaging. This is not secure, and messages may not be read in a timely manner. In case of an emergency, please refer to the numbers provided above. Also, please be aware that your privacy may be compromised when storing personal health information on your cell phone or other mobile device.

**SOCIAL MEDIA POLICY:** Stefanie Von Ohlen, LCSW does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Engaging clients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this policy, please feel free to bring them up during session.

**FEES:** Payment for services is required at the time services are provided unless another arrangement has been previously agreed upon by all parties involved. The fee for individual or family therapy sessions is \$135.00 per 50-minute session (known as the "clinical hour"). Please be aware that the fee for cancellation without a 24-hour notice or for not showing is \$75.00. Any forms and/or letters requested will be billed based on time needed for completion based on \$135.00 per clinical hour.

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**PAYMENT OPTIONS:** Accepted methods of payment for services include cash, check, or credit card. Payment is due when services are rendered. Stefanie Von Ohlen, LCSW does work with some insurance providers. It is your responsibility to know your coverage prior to the first session, to know your deductible or co-pay information, and to relay that info to Stefanie Von Ohlen, LCSW, including a copy (front and back) of your insurance card. Be aware that most insurance companies require you to authorize Stefanie Von Ohlen, LCSW to provide them with a clinical diagnosis on billing statements. They may also request further info, such as progress notes, summary of care, or treatment plans. This information will become part of the insurance company records and Stefanie Von Ohlen, LCSW does not have control over information once it is submitted. This information may become a permanent part of your medical record.

**TELEMENTAL HEALTH INFORMED CONSENT:** You hereby consent to participate in telemental health with Stefanie Von Ohlen, LCSW as part of your psychotherapy. You 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 located in two different locations.

You understand the following with respect to telemental health:

- 1) You understand that you have the right to withdraw consent at any time without affecting your right to future care, services, or program benefits to which you would otherwise be entitled.
- 2) You understand 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.
- 3) You understand that 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.
- 4) You understand that the privacy laws that protect the confidentiality of your 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; you raise mental/emotional health as an issue in a legal proceeding).
- 5) You understand that if you are 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.
- 6) You understand that 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 Stefanie Von Ohlen, LCSW at (716) 598-7473 at to discuss since we may have to re-schedule.
- 7) You understand that Stefanie Von Ohlen, LCSW may need to contact your emergency contact and/or appropriate authorities in case of an emergency.

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## **Emergency Protocols**

During a telemental health session, Stefanie Von Ohlen, LCSW needs to know your location in case of an emergency. You agree to inform Stefanie Von Ohlen, LCSW of the address where you are at the beginning of each session. Stefanie Von Ohlen, LCSW will also need a contact person who may be contacted 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, your location is: \_\_\_\_\_

Emergency contact person:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum notice of 24 hours is required for re-scheduling or canceling an appointment. Unless a different agreement is reached, a fee of \$75.00 will be charged for sessions missed without such notification. You agree to a charge of \$75.00 and authorize the use of the following credit card for payment:

CC # \_\_\_\_\_, Exp \_\_\_\_\_, CVV \_\_\_\_\_, Zip Code \_\_\_\_\_

By signing below, I acknowledge that I have read and understand all information provided in the Informed Consent for Psychotherapy Services. My signature below also indicates that I have read and understand the HIPAA Notice of Privacy Practices located at [www.stefanievonohlen.com](http://www.stefanievonohlen.com).

**Client Name/Responsible Party**

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Client Name/Responsible Party**

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_