

Client Services Agreement and Informed Consent

Welcome to Calm Gardens Therapy

We are committed to providing you with high-quality mental health services. This document outlines our policies, procedures, and your rights as a client. Please review it carefully and ask any questions before signing.

Informed Consent for Psychotherapy

Consent to Treatment: As a client, your rights are guaranteed by the rules of ethical professional practice and the law. You have the right to:

- Mental health care and treatment.
- Be informed about treatment choices and potential concerns.
- Refuse treatment.
- Privacy and confidentiality.

Therapy involves a collaborative process aimed at improving emotional and mental health. It may include discussing personal challenges, identifying goals, and working through life's difficulties. There are risks and benefits to therapy, and outcomes cannot be guaranteed.

Practicum & Intern Status: Some providers at Calm Gardens Therapy are in training (practicum or intern status) under the supervision of licensed professionals. These providers work closely with their supervisors to ensure high-quality care. **Leah Gardner, the Clinical Director, supervises these providers and can be reached at (702) 670-0090.**

Confidentiality

Therapy sessions are confidential, and your information will not be disclosed without your written consent, **except in the following situations:**

- Threats of harm to yourself or others.
- Suspected abuse or neglect of a child, elderly person, or vulnerable adult.
- Court orders requiring the release of records.

To maintain your privacy, therapists will not engage with clients in public unless approached by the client.

Notice of Privacy Practices

Your health information is protected under **HIPAA**. You have the right to:

- Access and review your treatment records.
- Request amendments to your records.
- Receive an explanation of how your information is used.

A copy of our full **Notice of Privacy Practices** is available upon request.

Consent for Telehealth Services

What to Expect: Telehealth services allow you to meet with your provider via video conferencing. While convenient, telehealth may involve technological challenges, such as interruptions or unauthorized access. You and your provider may discontinue a session if the connection is inadequate.

Limitations: Telehealth is not suitable for emergencies or severe crises. Clients with disruptive behaviors, suicidal ideation, or other intensive needs may require in-person care.

By agreeing to telehealth, you:

- Acknowledge the potential risks and benefits.
 - Understand that confidentiality is maintained to the extent technology allows.
 - **Agree not to share telehealth links with unauthorized individuals.**
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Informed Consent to Audio/Video Recording

Use of Audio and Video Recording for Documentation:

To improve the quality of care and ensure accurate session records, some sessions may be **audio and video recorded**. This allows your clinician to give you their full attention during sessions rather than focusing on extensive note-taking.

- Recordings may be used for supervision, training, or documentation purposes.
- Only authorized clinicians or supervisors will have access to these recordings.
- Recordings are securely transcribed, then permanently deleted—usually within seconds.
- This process is fully **HIPAA-compliant** and treated with the highest confidentiality standards.

Office Video Cameras:

All offices at Calm Gardens Therapy are equipped with **video cameras that cannot be turned off**. These are used to maintain safety, transparency, and support provider development.

Clients who do not wish to be recorded may choose to **opt out of services** at this facility.

If you have concerns, your clinician will be happy to discuss this with you. You may **withdraw your consent at any time**, either temporarily or permanently.

Payment Policies

Payment at the Time of Service:

All payments, including co-pays or out-of-pocket fees, are due at the start of each session. If you are unsure of your co-pay, a **placeholder fee of \$30** will be charged and adjusted once your insurance provider processes the claim.

Insurance:

Insurance claims are submitted as a courtesy. Clients are responsible for:

- Deductibles and co-pays.
- Providing accurate insurance information.
- Any fees not covered by insurance.

Cancellation and No-Show Policy:

- Cancellations must be made at least 24 hours in advance.
 - Late cancellations or no-shows will incur fees ranging from \$90 to \$200.
 - Clients arriving **more than 10 minutes late may not be seen** and will be charged a no-show fee.
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Practice Policies

Attendance:

Regular attendance is critical to therapeutic progress. **Missing more than two appointments in six months may result in discharge.**

Please notify us of vacations or extended absences at least **two weeks in advance**.

Communication:

For urgent matters, leave a message with the office or your provider. Non-emergency messages are typically returned within 24 hours.

In emergencies, contact **911** or the **National Suicide Hotline at 800-273-TALK (8255)**.

COVID-19 Policy

To ensure safety, Calm Gardens Therapy adheres to **CDC guidelines**, including:

- Social distancing.
- Sanitizing shared spaces.
- Masking when necessary.

Clients acknowledge that **compliance with these measures does not guarantee complete protection** from exposure to COVID-19.

Good Faith Estimate

Under the **No Surprises Act**, you have the right to a **Good Faith Estimate** of expected costs for services. If your bill exceeds the estimate by \$400 or more, you may dispute the charges. Copies of your Good Faith Estimate are available upon request.

Agreement

By signing below, you acknowledge that you:

- Understand the information provided in this document.
- Agree to the outlined terms and conditions.
- Consent to treatment and the use of **telehealth** and **audio/video recording** (if applicable).
- Accept responsibility for fees associated with services.