

Informed Consent

Solid Ground Therapy
484-218-5931
msatterfield@onsolidgroundtherapy.com

This document contains information about my services and business policy. Please read carefully and note any questions and concerns you have, so we can discuss them in the next session. When you are done, please sign at the bottom where indicated to complete your Informed Consent to my services.

What do you need to know about psychotherapy?

Psychotherapy is voluntary on your side and works within a therapeutic relationship between the client and the therapist. Its effectiveness is based in part on clearly defined rights and responsibilities held by each person. There are both risks and benefits involved in psychotherapy. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, fear, anger, frustration, loneliness, and helplessness, because psychotherapy often involves discussing the unpleasant aspects of your life. Even though psychotherapy is not 100% effective in treating all symptoms, for those who undertake the process it has been shown to produce significant reduction in feelings of distress and increased satisfaction in interpersonal relationships, better stress management and problem-solving skills, improved self awareness and understanding, and greater sense of well-being. Keep in mind that psychotherapy is a long-term process, and there are no guarantees about what will happen, and you should not expect your problems to be solved on the first day. Psychotherapy is about equipping you with lifelong solutions, rather than a quick fix. Psychotherapy is a very individualized process that may not work for everyone, and the outcome varies depending on numerous factors. In some cases, symptoms make it worse initially. In order for psychotherapy to be successful, you are required to bring in your willingness to change, and effort to work on things discussed outside of sessions.

What to expect in psychotherapy?

During the initial consultation session, we will spend time to get to know each other, and to find out how to proceed. Future sessions will be more therapeutic in nature. During the first session, I will ask you about what brings you to therapy, and what symptoms you are experiencing, current and/or past medication and treatment, your history that may include your childhood, education, relationships, and your present living situation and your career. You may discuss what you expect to happen in the end. You will have time to ask any questions you have regarding your treatment, your rights, confidentiality, and your responsibilities.

The subsequent session will involve an assessment of your therapy needs. The assessment will enable us to offer preliminary impressions of what our work might include. At that point, we will discuss your treatment goals and create a treatment plan. If you have questions about my procedures we should discuss them whenever they arise. If you feel that you are not comfortable working with me, you have the right to terminate therapy at any time. Both parties can terminate treatment when treatment is no longer beneficial to the client.

Other treatment options

You may explore fully other options for treatment of your symptoms. They can be independent or concurrent with your psychotherapy treatment. Some of the alternative options include biofeedback, medication, alternative medicine, and moving to a different environment.

As a client in psychotherapy you have certain rights and responsibilities. There are also legal limitations to those rights that you should be aware of. On the other hand, as your therapist, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Confidentiality

The information discussed in therapy sessions, and all documentation will be kept private and confidential with a few important exceptions listed below. I will always inform you first before I take actions.

1. If I have good reason and enough evidence to believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or a crisis team.
2. If I have good reason and enough evidence to believe that you will harm another person, I am obligated to inform that person and warn them of your intentions. I must also contact the police to protect the other person.
3. If I have good reason and enough evidence to believe that you or someone is abusing or neglecting a child, and elder adult, or a disabled adult, I am mandated to inform child protective services or adult protective services within 48 hours.
4. If there is a court order for me to appear, or to produce a clients charts, I am legally bound to do so.
5. If you authorize your insurance plan to be used for psychotherapy services, some information may be shared for billing purposes and for evaluation to justify services and billing (e.g. diagnoses, time and frequency of treatment, prognosis, and outcome).

Other privacy and confidentiality issues

Parents and Children: while privacy and therapy is crucial to successful progress, parental involvement can also be essential. Children need to know that their parents

have a *right* to know what goes on in therapy. On the other hand, children need to trust the therapist in order for therapy to work. It is very important for a child to feel and know what here she says in sessions will be kept private. Rather than reporting back *what* is sad, I may discuss *how* things are going.

Couples and families: I encourage you to share any thoughts or feelings directly in our group sessions rather than privately with me.

Groups: as with the individual therapy, I will hold confidential anything disclosed in groups. Group members are asked to agree not to share things with individuals outside the group. However, I have no control of the actions of the group members.

Hospitalization

In case of psychiatric or medical emergency, when the life and health of yours and others are at risk, I will prompt the most appropriate procedure to ensure your safety or the safety of others. And a medical emergency when your health or life is in danger, an ambulance might be called to transport you to the nearest hospital. In a psychiatric emergency when you are at risk of harming yourself or others, a crisis intervention professional might be called to assess you and initiate a 72 hour psychiatric hold for a psychiatrist to determine further treatment.

Crisis sessions

If you are experiencing a crisis situation and need to see me or talk to me on the phone, I will do my best to accommodate you. However, please keep in mind that I may have prior commitments that might prevent me from availing myself to you right away. In case of a life-threatening emergency, you are strongly urged to call 911.

Missed appointments

Appointments are 45-55 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with a 24 hour notice. If you miss your appointment without 24 hour cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control), you will be asked to pay for the full session fee. It is important to note that insurance companies do not provide reimbursement for missed sessions; thus, you will be entirely responsible for the session fee.

Late appointments

You are responsible for coming to your session on time; if you are late, your appointment will still end on time so that I can guarantee the scheduled appointment for the next person.

Professional Fees

The standard fee for the initial session is \$125, and each subsequent individual session is \$125 unless other arrangements are made prior to the time of session. The subsequent family and couple session fee is \$150. Payments are made at the time of your session (unless prior arrangements have been made). Payment can be made electronically via Zelle, PayPal, Chime, or online via invoice as I am not able to process debit/credit card payments myself. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment and any future appointments will be cancelled.

In addition to weekly appointments, I may charge you fees for other professional services that you might require such as report writing, telephone conversations that last longer than five minutes, or the time required to perform any other service which you may request of me.

Court Appearances and Legal Services

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Phone conversations longer than 15 minutes will be prorated at \$30 for the initial 15 minutes and \$2 for any minutes thereafter.

Court appearances will be charged \$500 for a half day up to four hours, and \$1000 for a full day up to eight hours including travel time. Any time after eight hours is billed at \$175 per hour. If I have to travel more than 50 miles round-trip, an additional \$25 will be charged.

Insurance

If you have coverage for mental health treatment through your health insurance policy, it is your responsibility to know your coverage and limitations. My policy is that you will pay what you are responsible for and any unpaid fees will result in the cancellation of future sessions until paid in full.

Professional Records

I am required to keep appointment records of the psychological services that I provide. Your records are maintained in a secure location. Records usually include information about the time of your sessions, your reasons for seeking therapy, the goals and progress we sat for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I sent to others, and your billing records. You have the right to a copy of your file. Because these are professional records, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents to avoid misinterpretation and misunderstanding. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Contacting Me

I do not answer my phone when I am with clients or otherwise unavailable. If your call does not involve matters of emergency, you may leave a message on my confidential voicemail, and your call will be returned as soon as possible within the next 24-72 hours. Emergency is defined as situations in which you are at risk of harming self or others, or there is a threat to your and others lives. If, for any reason, you feel you cannot wait for a return call, or if you are unable to keep yourself safe, you may immediately do any or all of the following:

1. Call 911 or your local police
2. Go to the nearest hospital emergency room
3. Call your local county crisis phone number

My Appointment Hours

Saturday and Monday-Wednesday: 10:30am-4:30pm

Sunday: 1:30-7:00pm

Your Rights

Right to best care and treatment: you have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, natural origin, or source of payment. If you are unhappy with what is happening in your therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time.

Right to your records: you have the right to have a copy of your records. You can also request, in writing, to have your records transferred to other healthcare providers.

Right to seek a second opinion: you may consult other psychologists or therapists if you have any doubt about my treatment interventions.

Right to terminate treatment without negative repercussion.

Write to file a complaint to the Board of Behavioral Science (BBS)
https://www.bbs.ca.gov/consumers/consumer_complaints.html

Right to professional conduct: you have the right to expect that I will not have social or sexual relationships with current or former clients.

Consent to Psychotherapy

Your signature below indicates that you have read and understand the above information, and agree to the terms.

Signature of legal guardian

Printed name of legal guardian

Signature of client

Printed name of client

Date

Description of legal guardians authority:

Consent for Treatment of a Minor

The minor-aged client, _____, will receive behavioral/psychological treatment from Marissa Satterfield, M.Ed., LPC at Solid Ground Therapy.

Your signature below indicates that you are aware that the minor is receiving such psychological treatment.

Client Name:

Client Signature:

Date of Birth:

Parent/Guardian Name:

Parent/Guardian Signature:

Witness:

Date:

Email/Text Messaging Consent Form

Client's Name:

You may give permission to Solid Ground Therapy/Marissa Satterfield, M.Ed., LPC to communicate with you by text and/or email. This form provides information about the risks and guidelines for email/text communication, and how email/text communication will be used. It also serves as your consent for communication with you by email and text message. In the case of children under 18 years old, the parent or legal guardian must approve of email/text communication and sign this consent.

Potential Risks of Using Email/Text Messaging:

1. Email and text messages may not be delivered on time.
2. Email and text messages can be circulated, forwarded or stored in electronic files or on paper.
3. Email and text messages can be mistakenly sent by the sender to unintended recipients.
4. Email and text messaging is easier to falsify than hand written or signed forms.
5. Back up copies may exist even after sender and/or recipient has deleted their copies.
6. Email and text messages can be intercepted, altered, forwarded, or used without one's knowledge or permission.
7. Emails and text messages can be used as evidence in court.
8. Emails and text messages can be lost in transmission.
9. Email and text messaging may not be secure, and therefore it is possible that a third-party may breach the confidentiality of such communications.

Conditions for the Use of Text Messaging and/or Email:

We cannot guarantee but will use reasonable methods to protect the security and confidentiality of email and text information sent and received. We will not be held responsible for improper disclosure of confidential information that is not caused by Therapist's intentional misconduct. Your consent to use of texting or email also includes agreement with the following terms:

In a medical or life-threatening emergency, please do not use email or text, call 911!

By signing this form the client or the client's legal guardian gives consent to email and/or text message correspondence.

Your therapist shall not email or text any protected health information unless you specifically request such. Any email that you send that discusses your diagnosis or treatment constitutes informed consent to the information being transmitted. Emails and or text messages containing clinical content will become a part of your medical record. Emails should not be time sensitive. While Solid Ground Therapy, or SGT, tries to respond to email messages daily, SGT cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back within 3 days, call to follow up and inquire if your email has been received.

You are responsible for informing the provider/therapist of any types of information that you do not want sent by text message and/or email. Your identifiable emails/texts will not be forwarded to outside parties without your written consent, except as authorized by law. You are responsible for protecting your password and access to your phone and or email account and any text or email you send or receive from SGT to ensure your confidentiality. Your therapist cannot be held liable if there is a breach of confidentiality caused by a breach in your account security. Use your best judgment when considering the use of email or text messages for communication of sensitive medical information. SGT is not responsible for the contact of messages.

Withdrawal of Consent

I understand that I may revoke this consent at any time by so advising SGT in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

Client Acknowledgment and Agreement:

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as a form of communication, and consent to the conditions and instructions outlined, as well as any other instructions that may be imposed by the provider to communicate with me by email or a text message.

Client Name:

Client Signature:

Guardian Name:

Guardian Signature:

Date:

HIPAA Privacy Notice

Acknowledgment that you have received our HIPAA privacy notice

Solid ground therapy is required by law to keep your health information and record safe. This information may include:

Notes from your doctor, Teacher, or other healthcare provider
Medical history
Test results
Treatment notes
Insurance information

SGT is required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared.

- I acknowledge that I have received a copy of Solid Ground Therapy's HIPPA Notice of Privacy Practices that fully explains the uses and disclosures Solid Ground Therapy/Marissa Satterfield, M.Ed., LPC will make with respect to my individually identifiable health information
- I understand Solid Ground Therapy/Marissa Satterfield, M.Ed., LPC cannot disclose my health information other than as specified in the notice.
- I understand that SGT/Marissa Satterfield, M.Ed., LPC reserves the right to change the notice and the practices detailed therein if it/she sends a copy of the revised notice to the address I have provided.

Printed Client Name:

Client Signature:

Printed Parent/Guardian Name:

Parent/Guardian Signature:

Date:

*Please note it is also your right to refuse to sign this
acknowledgement*

Office use only: I tried to obtain written acknowledgment of our privacy notice by the client/legal guardian noted above. It could not be obtained for the following reason(s):

1. An emergency prevented us from obtaining acknowledgment.
2. The individual was unwilling to sign.
3. A communication barrier prevented us from obtaining acknowledgment.
4. Other:

Staff Member Signature:

Date:

HIPAA Policy Notice of Private Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, or capped properly confidential. This act gives you, the client, significant new rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, SGT has prepared this explanation of how it is required to maintain the privacy of your health information and how it may use and disclose your health information.

Treatment means providing, coordinating, or managing healthcare and related services, by one or more healthcare providers. An example of this would include a physical examination.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be an internal quality assessment review.

We may create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization and writing and SGT is required to honor and abide by that written request, except to the extent that SGT has already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to SGT:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relatives, close personal friends, or any other person identified by you. SGT is, however, not required to agree to a requested restriction. If SGT does agree to a restriction, SGT must abide by it unless you agree in writing to remove it. The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. The right to inspect and copy your protected health information. The right to amend your protected health information. The right to obtain a paper copy of this notice from SGT upon request.

This notice as effective as of April 14, 2003 and SGT is required to abide by the terms of the Notice of Privacy Practices currently in effect. SGT reserves the right to change the terms of its notice of Privacy Practices and to make the new notice provisions effective for all protected health information that SGT maintains. SGT will post and you may request a written copy of a revised notice of privacy practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with SGT, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of SGT. SGT will not retaliate against you for filing a complaint.

Please contact the following for more information:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202)619-0257
Toll Free: 1-877-696-6775