



INFORMED CONSENT

This document highlights the purposes, techniques, procedures, limitations, and potential risks and benefits of therapy services. Please read it carefully and make note of any questions you might have so you can discuss them with your Therapist.

Once you sign this document, it will constitute a binding agreement with Your Story Therapy, LLC (YST). Please see the '*Financial Agreement*' document for additional information on fees and the '*What to Expect for TeleTherapy Sessions*' document for additional information on video therapy.

About Treatment

Therapy can look different for everyone, but most of the time it includes conversations with a mental health professional. At YST, your Therapist is licensed in the State of Alabama and has extensive training on conducting therapy and Video Therapy (TeleTherapy). YST wants to create a warm and trusting relationship with Clients. And this is how we do it...

YST Believes:

1. People are trying their best.
2. Clients are the experts of their own lives and sometimes need help with difficulties

The Therapy Process

Every Therapist has a different approach to conducting therapy. Sometimes therapy will include art, games, homework, role-plays, movement or mindfulness exercises. But most of the time, it will include talking and having discussions on thoughts, feelings, experiences, and goals.

Before the first scheduled meeting with a Client, the Therapist will review the Client's intake information and signed paperwork to get the most complete picture of the Client's situation.

In the first therapy session, the Therapist will review the Client's signed paperwork. This is not the only opportunity to ask questions about the paperwork. If at any time Clients have questions, they have the right to ask them! The Therapist will ask many questions about the Client's life, the problem they are coming to therapy for, attempted solutions to the problem, family history, and more. The Therapist will also begin the discussion of goals for therapy in order to create a treatment plan. Therapists will always create a treatment plan **WITH** Clients. This is a collaborative process that can always be re-addressed.

The Therapist and Client collaborate together to decide on meeting days and times. Most Clients prefer to meet 1x a week. Some Clients decide to meet 1x a month after completing specific goals. Most sessions last from 53 minutes-1 hour depending on the Therapist's schedule.

Client's Rights: *Clients have the right to decide if their Therapist is a good fit for them or not. If a Client wishes to end treatment with their Therapist, their Therapist can help connect them to another Therapist.*

INFORMED CONSENT (cont.)

TeleTherapy Appropriateness

Although research on TeleTherapy shows it can be just as beneficial as face-to-face therapy, TeleTherapy is not always appropriate for everyone. The Therapist will continually assess Clients for risk factors inappropriate for TeleTherapy.

The following Clients do not qualify to receive YST TeleTherapy Services:

- Clients not physically present in the state of Alabama
- Clients struggling with suicidal ideations or self-harm
- Clients struggling with homicidal ideations
- Clients mandated by court requirements to attend therapy
- Clients dealing with domestic violence
- Clients without access to technology (camera, microphone, printer, & internet)
- Clients without access to privacy to conduct therapy
- Clients without a credit card or bank card to pay for services

***Please see the 'What to Expect for TeleTherapy Sessions' document for additional information on video therapy.**

Risks and Benefits (In-Person and Teletherapy)

There can be some risks to participating in mental health treatment. These risks include uncomfortable feelings, thoughts, or behaviors, some of which include: anger, sadness, anxiety, painful memories, difficult conversations, or crying. Most Clients find these situations difficult, but also experience pleasant results from addressing needed topics.

Client's Rights: *Clients have the right to decide what should or should not be discussed in therapy. Please, also remember that therapy is a safe place to discuss difficult topics that otherwise would not be addressed in daily life.*

Technology

YST takes precautions to protect Clients from confidentiality breaches, but even with the most protection, technology can fail us. There is a very small possibility that hackers or accidental leakage may occur.

When participating in TeleTherapy, it is the Client's responsibility to ensure their location is private, their WiFi is private, and audio and video is private.

Client's Rights: *It is the Client's right to decide the route of communication with Therapist. For instance, if a Client prefers to text Therapist via an unsecure/non-private text messaging system, that is the Clients' decision. YST does provide a secure and encrypted messaging system for all Clients to use.*

Please see the 'Privacy Policies/Confidentiality' section to understand the precautions YST takes to protect Clients



INFORMED CONSENT (cont.)

Communication Expectations

Clients may contact Your Story Therapy, LLC (YST) at any time but Therapists are not available 24/7.

If Therapist is unavailable, Clients are free to leave a message, but must be aware that Therapists cannot guarantee confidentiality of communication by email, phone, call, or text. If a Client leaves a message via these routes, it is at their own risk. Clients may also reach Therapists via the secured, encrypted, and confidential message center on the TherapyAppointment site.

Therapist will respond to calls as soon as possible and within 2 business days.

Phone: (205) 386-5962

***Please see the 'What to Expect for TeleTherapy Sessions' document for additional information on how to access the TherapyAppointment site for secure messaging and how to log in for your video therapy appointment.**

Cancellations and Missed Appointments

Clients are scheduled appointment times specifically for them. Because this time is just for them, YST expects Clients to provide at least **24-hour notice** if the Client needs to cancel or reschedule the session. Therapist will wait **15 minutes** for Clients to arrive in session.

All sessions without a 24-hour notice, including 'No-Shows', will be charged a fee.

After **3 consecutive sessions canceled WITHOUT a 24-hour notice**, all future appointments will be cancelled.

After **3 consecutive 'No/Shows'/'No Contact'**, all future appointments will be cancelled.

After **3 consecutive cancellations WITH a 24-hour notice**, Therapist will discuss Client's desire to continue therapy or change the frequency of sessions.

After a **month of no contact**, Therapist will close Client's files and the Therapist-Client agreement will end.

Therapist will always attempt to contact Clients in the even of a 'Now Show' and will document the call, message, or letter in the Client's file

In Case of Emergency:

Your Story Therapy, LLC is not an emergency clinic. In case of emergencies, please call the **24-hour crisis number at 205-323-7777**, Emergency services at **911**, or go to your local hospital's emergency room.

INFORMED CONSENT (cont.)

Billing and Payments

Please see the "Financial Agreement" document to understand all money related policies.

Insurance

In order for insurance to reimburse Clients for therapy services, Therapist must identify a diagnosis. Diagnoses were originally developed to create a common language among clinicians. A diagnosis is a name for a list of symptoms. your Therapist might need to assign a diagnosis in order for insurance to reimburse for services. If this is the case, and you'd like information on your assigned diagnosis, please ask your Therapist. You have the right to understand and receive additional information about your assigned diagnosis.

Client's Records

As mental health professionals, Therapists at YST are required to keep appropriate records of the services provided to Clients. All records are kept in secure, encrypted, and confidential electronic files. Therapist may choose to keep personal notes to assist in providing high quality care for Clients. These notes will be kept locked and secure.

All adult Client records will be kept for 7 years after the Therapist-Client relationship has ended.

All minor Client records will be kept for 7 years beyond the minor's 18th birthday.

Client's Rights: *Clients have the right to view their records at any time. However, because these records contain information that can be misinterpreted by someone who is not a mental health professional, it is YST's policy to provide Clients with a general treatment summary, unless otherwise requested by Client. YST's Therapist will be happy to provide Client records to another appropriate mental health professional with a written 'Release of Information'. Please let your Therapist know and the records will be made available.*

Treatment of Minors

If the Client is under 18 years old, the law may provide the parents (or custodial parent/s) with the right to examine the Client's treatment records. YST Therapists usually provides parents with only general information on how the Client's treatment is proceeding, unless there is a high risk of serious harm to the Client. Therapists will discuss the information to be revealed with the minor Client, and will attempt to resolve any objections to revealing the information to the Client's parent. Therapists will give parents regular updates on their child's treatment.

Ending Therapy

There are many reasons Clients want to end therapy. Sometimes life gets busy. Sometimes it becomes too expensive. Sometimes it doesn't seem helpful. Sometimes it's not a good fit with the Therapist. Sometimes goals have been met and therapy is no longer needed. No matter the reason, it's ok!

INFORMED CONSENT (cont.)

Client's Rights: *Clients have the right to end the therapy agreement at any time. Let your Therapist know what you desire and they can help you. If you wish to seek another Therapist, YST can assist you in finding another Therapist to fit your needs. YST will always be open for Clients to return for therapy whenever needed.*

If a Client goes 1 month without making contact with Therapist regarding scheduled or unscheduled sessions, Therapist will assume that the Client no longer wishes to receive treatment and will close their file and end the therapy agreement.

Privacy Policies/Confidentiality

All communication between Therapist and Client is protected by law. A therapist agrees to protect the Client's information as much as possible.

Release of Information:

Information about the Client and their treatment can only be released to others with the written permission of the Client or their guardian. The Client decides who the information is released to, what is released, and for how long the communication is allowed. This document is called a "Release of Information"/"ROI".

Limits:

There are reasons a mental health professional can break the confidentiality agreement and can release information without the Client's consent. The reasons are:

- 1. Suspected abuse of a minor, elder, or disabled person**
 - a. This might include notifying police or others appropriate to respond for protection.
- 2. Suspected harm or violence towards another person**
 - a. This might include notifying the potential victim, the police, or other first responders
- 3. Suspected harm or violence towards self**
 - a. This might include notifying Client's emergency contact, family members, first responders for a well-check, or others who can help provide protection
- 4. Court ordered requirements**
 - a. This usually includes a report of attendance and progress information
- 5. Audits**
 - a. This usually includes an inspection into how the Therapist and business is providing the best possible care to Clients



INFORMED CONSENT (cont.)

Limits (cont):

6. Therapy Consultations

- a. Consultations between mental health professionals in a consultation setting are legally bound to keep information on Clients confidential
- b. Therapist avoids revealing any identifying information of Client with other mental health professionals
- c. Unless you object, Therapist will not tell Client when these consultations occur unless Therapist feels it is important to the work together

7. No Secrets Policy

- a. When therapy is conducted with couples or families, there can be no secrets held between the Therapist and Client
- b. If Therapist meets with 1 person from a 'Client family', and a secret is revealed, the Therapist will work with that 1 person on how to reveal the secret to the family.

*Therapist makes every effort to discuss the above issues with the Client **BEFORE** breaking confidentiality*

Protecting Privacy:

YST makes every effort to be HIPAA compliant and protect Clients' privacy. Here are some ways YST does that:

- YST uses the TherapyAppointment secure and encrypted site to communicate with Clients, rather than through emails, texts, or calls
- With Clients' permission, YST leaves vague messages on Clients' phone
- YST uses HIPAA compliant messaging, video platforms, and keeps all documents secure with 2-factor authentication

Here are ways Clients hold the responsibility in protecting their privacy:

- Clients control their therapy environment, ensuring they are not in public areas, or around distractions (for example: driving)
- Clients control how they interact with Therapist via electronic communication whether through a phone call, text, or the secure TherapyAppointment site
- Clients control with whom they share therapy information

INFORMED CONSENT (cont.)

Recording:

Therapist will not audio or video record a therapy session without Client's verbal and written consent. Client will not audio or video record the session without Therapist's verbal and written consent.

Social Media:

Contact between Therapists and Clients via social media (Facebook, Twitter, LinkedIn, Instagram, Pinterest, etc.) can produce unnecessary complications that may interfere with progress in therapy.

Therefore, Therapists at YST will not respond to friend requests, messaging requests, or other social media contact requests.

The practice might have social media pages that welcome Clients to view and participate in. Clients understand that any interaction with ones Therapist on social media may complicate the neutrality of the therapeutic relationship or inadvertently shift focus onto the Therapist instead of the Client. Clients understand that interaction with YST accounts are at Client's own risk.

In other words: Therapy is a safe space for Clients, and social media is not. Any engagement with Therapist on social media does not constitute professional services and should not be considered therapeutic.

Multiple Relationships:

Therapists at YST make all attempts to avoid multiple relationships with Clients engaged in their counseling services.

A multiple relationship occurs when a Therapist is in a professional role with a Client and (1) at the same time is in another role with the same Client, (2) at the same time is in a relationship with a person closely associated with or related to the Client, or (3) promises to enter into another relationship in the future with the Client or a person closely associated with or related to the Client.

Although some multiple relationships are unavoidable, multiple relationships have the potential to impair Therapists' objectivity and effectiveness in the role as a mental health clinician. Therefore, Therapists avoid providing individual services to more than one member of a family.



INFORMED CONSENT (cont.)

If Therapist sees Client in Public:

Sometimes this will happen. If a Therapist from YST sees a Client in public, the Therapist will pretend the Client is a friendly stranger. The Therapist will treat the Client with the same respect any stranger might receive but will avoid revealing any sort of professional relationship.

If the Client chooses to reveal a relationship with the Therapist in a public setting, that is the Client's right to do so and the Therapist will respond accordingly without revealing any additional information.

In other words: Therapist will follow the Client's lead.

Please sign below to indicate your understanding and agreement with the Informed Consent:

I understand that I am required to provide my Therapist with a minimum of 24 hours advance notice of any need to cancel or re-schedule a session. All sessions without a 24hour notice will result in a fee.

I understand that I am responsible for all fees associated with my care.

I understand the limits to my confidential information as described in the PRIVACY POLICIES AND CONFIDENTIALITY section above.

I understand that should I choose to contact my Therapist via email or text, that these modalities cannot guarantee encryption or security and thus pose a potential privacy breach.

I understand that the social media rules described above were established for my welfare and to foster my therapeutic success.

I have read and understood the BILLING AND PAYMENTS section of this document.

 Signature of Client

 Date

 Signature of Client 2

 Date