



## Consent Form

**Welcome to Blended Together Counseling, PLLC. This document contains important information about our agreement, including each person's rights and responsibilities in this process. It also covers professional boundaries, finances, record keeping, and confidentiality. Additionally, it requires your consent and authorization for treatment and other related matters, such as electronic communication, billing, and payment processing.**

### Informed Consent

**CLIENT RIGHTS:** As a client in psychotherapy, you have certain rights and responsibilities, as well as legal limitations to those rights that you should be aware of. These are outlined in this document. You have the right to considerate, safe, and respectful care, without discrimination based on race, ethnicity, color, gender, sexual orientation, age, religion, or national origin.

You have the right to ask questions about any aspects of therapy and my specific training and experience. You also have the right to end therapy at any time without any moral, legal, or financial obligations beyond those already incurred. If you feel unhappy about any aspect of therapy, please discuss it with your counselor; your concerns will be taken seriously and handled with care and respect.

While risks of psychotherapy may include experiencing uncomfortable emotions or confronting difficult truths, it has been shown to lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, improved skills for managing stress, and resolutions to specific problems. However, there are no guarantees regarding treatment outcomes, and the client agrees that no promises have been made by this therapist.

**BOUNDARIES:** For the protection of the therapeutic relationship, some professional boundaries are outlined below. By signing this agreement, you agree to the following:

- The relationship established herein is professional and should not be mistaken for a casual friendship.
- Receiving services does not constitute a formal or implied expectation of return business.
- The possession or use of weapons or illegal substances is prohibited within the clinic.



**ETHICS:** As a Licensed Master in Social Worker Under Supervision, Misty is bound by the Code of Ethics as provided by the National Association of Social Workers. If you believe that Misty has acted unethically in her work with you, please share your concern directly with her, and if you believe it is necessary, contact the Oklahoma Board of Licensed Social Workers at (405) 521-3712. Misty's license number is #20974.

**APPOINTMENTS:** Scheduled appointments will ordinarily be 45-50 minutes in duration and will occur as often as needed/agreed upon. The time schedule for your appointment is assigned to you and you alone. When making an appointment with Misty, please be responsible for keeping that appointment outside of an emergency. If it becomes necessary to cancel your appointment, please provide 24 hours notice to avoid a cancelation fee. Clients who "no-show" for a session will be charged the full session fee unless we both agree that circumstances were beyond the client's control. Appointments that begin late still need to end on time. If a client chooses to take a break from therapy, cancels two consecutive appointments, or cancels or no-shows an appointment without rescheduling, the reserved spot on Misty's calendar will be forfeited, and she will under no obligation to reschedule. If Misty believes she is not a good fit for a client, she is under no obligation to continue seeing that client. In that event, she will attempt to connect that client to another therapist.

**FEES & FINANCIAL RESPONSIBILITY:** Fees are based on the type of session and are as indicated:

- 45-60 minute session (\$100)
- Letters, reports, phone calls exceeding 10 minutes, etc. are billed at an hourly rate of \$100/hr.
- Court appearances: \$300/hour, plus the hourly cost of any sessions that must be cancelled in order for my appearance in court to be possible, plus the cost of travel and meals. If you anticipate becoming involved in a court case, discuss this fully with Misty before you waive your right to confidentiality. If your case requires her participation, you will be expected to pay for the fees required even if another party compels her to testify.
- Late Cancellations (less than 24 hours notice) \$50

Cash and credit/debit cards are acceptable forms of payment. For delinquent accounts, Misty reserves the right to use an attorney or collection agency to secure payment, and the client will be responsible for these associated fees.

**Fee collection:** Credit card platform is Square.



Professional records: Records are maintained in a secure location. Misty keeps records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics discussed, your medical, social, and treatment history, records she receives from other providers, copies of records she sends to others, and your billing record. Because these are professional clinical records, they may be misinterpreted and/or upsetting to non-clinical readers. For this reason, it is recommended that you initially review them with Misty to discuss the content if a need arises. Misty does not release records but may provide a summary of care if needed.

Safety & Confidentiality: Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any third party by Misty without your permission. See below for exceptions. Individuals participating in family or relational therapy understand confidentiality will be kept within the family, as the relationship unit is considered the client. It is important to note that Misty will not keep secrets that may be harmful to the relationship. Any expectations that she would keep a secret may result in termination of treatment. At some point in your work together, a smaller portion of the relational unit may be seen for one or more sessions. If you as an individual are involved in any such session, please understand that any information that is disclosed in these sessions may need to be shared with the entire relational unit. Clients participating in relational or family therapy agree they will not seek to subpoena material from Misty for litigation against each other at any time. All clients agree they will refrain from using any device to record or videotape a session with Misty without Misty's expressed, written consent. To do so without consent is a breach of the therapeutic relationship and is grounds for termination of services and for legal action.

Circumstances in which Misty is ethically and legally bound to break the agreement of confidentiality:

- If you threaten bodily harm or death to yourself or another person. Misty is required by law to inform the appropriate law enforcement agencies, any targeted victim, and others who can aid in prohibiting you from carrying out your threats and may result in termination of treatment.
- If you reveal information related to the abuse or neglect of a child or vulnerable adult, Misty is required by law to report this to the appropriate authorities.
- If Misty receives a court order subpoena that requires release of her records about you, she will comply with this order and will also inform you.
- If you waive privilege by bringing ethical or legal charges against Misty she has the right to provide whatever information is necessary for her defense.



- If you owe for services and fail to make payment arrangements, Misty may refer your account to a collection agency. Information about you will be disclosed in a manner consistent with ethical and legal requirements.
- If you request information to be released to a third party. In that case, each member who participated in treatment will be required to waive confidentiality in writing to me through signing a release of information.

Treatment of minors: Privacy in therapy is crucial to successful progress, and yet parental involvement can also enhance the therapeutic process. Misty requests parents/guardians refrain from asking her to divulge confidential information, and she asks minor to let her assist them in safely sharing important information with parents. All other communication requires the child's agreement, unless Misty believes there is a safety concern (see also above section on Confidentiality for exceptions). Please understand that there are limitations to confidentiality, that special care and sensitivity may be required in releasing information about certain topics such as substance use and sexual activity.

Communication: The best way to reach Misty for scheduling appointments is via text at (405) 367-1970. Text will be responded to as soon as she is able. Please note she does not provide therapy via text or email. She is not often immediately available by telephone. She does not answer her phone when she is with clients or outside business hours. At these times, you may leave a message on her voicemail and your call will be returned as soon as possible. If you feel you cannot wait for a return call or feel unable to keep yourself safe, please call 988 or go to the nearest Emergency Room or call 911. The crisis will be discussed at your next scheduled appointment.

☐ I hereby acknowledge that I have read and understand the above conditions and give my consent for treatment to Misty Lynch, LMSW U/S.

Signature:

Authorization for Electronic Communication:

The electronic transmission of information by email, text message, or telehealth platform contains some inherent risk, such as: any protected health information transmitted via electronic communications pursuant to this authorization may not be encrypted,



electronic transmission of information cannot be guaranteed to be secure or error-free, disruption of transmission by failures of technology, data may be vulnerable to access by unauthorized third parties, an limited ability to respond to emergencies. Misty Lynch shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Misty Lynch to me.

☐ I hereby acknowledge I have read and understand the conditions above and authorize Misty Lynch to communicate with me in the manner(s) we decide upon together (text, email, etc.)

Telehealth: With regard to telehealth specifically, I agree with/to the following:

When engaged in a telehealth session with Misty, I agree that I will be located in Oklahoma where Misty is legally allowed to provide services.

- I understand the importance of using a secure internet connection, rather than public or free Wi-Fi.
- I agree to use the video-conferencing platform selected for my virtual sessions, and should we encounter a services interruption, I will call Misty to continue the session by phone or to reschedule.
- All information disclosed within sessions and written records pertaining to hose sessions are confidential and subject to privacy laws and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and /or required by law.
- If I am 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 telehealth services are not appropriate for my specific situation. I agree to establish a safety plan with Misty that includes at least one emergency contact in the event of a crisis situation.

My emergency contact name:

My emergency contact number:



☐ I have read and understand the above conditions and consent to the use of telehealth platform if we should decide to sessions online.

#### Recording Therapy Sessions:

As part of my licensure to conduct independent clinical social work practice under the Oklahoma State Board of Licensed Social Workers, client sessions may be recorded to ensure the highest standard of care. Clips from these recordings may be shared with my supervisor solely for the purposes of clinical training, feedback, and education. Professionals who view these recordings are bound by confidentiality, and the clips will not include any specific identifying information that could reveal the identity of the clients.

#### HIPAA Notice of Privacy Practices:

“Protected health information (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health condition, the provisions of healthcare services, or the past, present or future payment for the provision of health care.

When it comes to your health information, you have certain rights. You have the right to:

- Get an electronic or paper copy of your medical record. A copy or summary of your health information will be provided, usually within 30 days of your request. A reasonable, cost-based fee may be charged.
- Ask us to correct your medical record that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications, to contact you in a specific way or to send mail to a different address, and we will say “yes” to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would not affect your care.
- Get a list of those with whom we’ve shared information. We will include all disclosures except for those about treatment, [payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice.



- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- File a complaint if you feel your rights are violated. If you feel we have violated your rights, please contact us at [blendedtogethercounseling.com](http://blendedtogethercounseling.com). You can file a complaint with the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, SW. Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to unless a serious and imminent threat to health or safety. We never share psychotherapy notes unless you have given written permission.

#### Our Uses and Disclosures:

If you give us permission, we will typically use or share your health information in the following ways:

- To treat you-sharing it with other professionals who are treating you.
- To run or organization
- Bill for your services and get payment from health plans.
- To help with public health and safety issues

We can also share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- To comply with the law

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official



- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- To respond to lawsuits and legal actions

Our Responsibilities:

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

☐ I hereby acknowledge I have read and understand this notice.

Signature: