



# The Place Within

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A Nonprofit Counseling Center

## Information for Client

### Confidentiality

What is revealed in this setting is protected by professional and ethical standards. All material is confidential and is not released without your consent except in circumstances of specific court order, suspected child or elder abuse, or threatened homicide or suicide.

### HIPAA and Confidentiality

As a convenience for you, some counselors maintain communication with you through electronic means. This might include text, email, or other. Please remember that although we do our part to protect your confidentiality, it is not as secure when using such methods. We recommend you only disclose information electronically that you are unconcerned about.

\_\_\_\_\_ Please initial here if you understand the potential risk and would still like to make use of electronic communication if/when your counselor is available.

### Our Counselors

Counseling is provided by individuals who are in training to become licensed counselors. Board licensing requires years of supervised experience post masters degree. Supervision is provided by Gary Henderson (MFC #7053) and Krysta Dancy (MFC #48506) on a weekly basis. During supervision, your information may be discussed between counselors and supervisors to better facilitate your care and the learning process for each supervisee. Consumers can get information regarding licensure complaints by calling the BBS at 916-574-7720. The Supervisor(s) of The Place Within receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services at The Place Within. To file a complaint, contact 916-772-6158.

### Fees and Payment

Your fee is based on a sliding fee scale which will be determined at the beginning of your treatment. Payment will be due at the end of each session unless otherwise arranged.

### Cancellations

Cancellations must be made 24 hours in advance. Failure to give 24 hours notice will incur full session fee.

### Your Session

Your session is a 50 minute hour.

### Emergency

In case of emergency please call 911.

### Your Counseling Process

Counseling is a joint process between counselor and client. You have a right to engage, ask questions, and give input into your counseling process. The pace of change depends on many factors including degree of struggle presented and motivation. Like most human experiences, counseling is nonlinear. It is normal to feel intense emotions as you work for change. Every outcome is as unique as the individual. Your counselor seeks to apply years of learning and experience to your specific needs, history and goals.



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## Telehealth Consent Form

I understand that Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g. Internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care.

### By signing this form, I understand and agree to the following:

1. I have a right to confidentiality with regard to my treatment and related communications via Telehealth under the same laws that protect the confidentiality of my treatment information during in-person psychotherapy. The same mandatory and permissive exceptions to confidentiality outlined in the HIPAA form I received from my counselor also apply to my Telehealth services.
2. I understand that there are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my counselor, that my psychotherapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons.
3. I understand that miscommunication between myself and my counselor may occur via Telehealth.
4. I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
5. I understand that at the beginning of each Telehealth session my counselor is required to verify my full name and current location.
6. I understand that in some instances Telehealth may not be as effective or provide the same results as in-person therapy. I understand that if my counselor believes I would be better served by in-person therapy, my counselor will discuss this with me and refer me to in-person services as needed. If such services are not possible because of distance or hardship I will be referred to other counselors who can provide such services.
7. I understand that while Telehealth has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that Telehealth is effective for all individuals. Therefore I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.
8. I understand that some Telehealth platforms allow for video or audio recordings and that neither I nor my counselor may record the sessions without the other party's written permission.
9. I have discussed the fees charged for Telehealth with my counselor and agree to them.'
10. I understand that my counselor will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my counselor may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance.

I have read and understand the information provided above, have discussed it with my counselor, and understand that I have the right to have all my questions regarding this information answered to my satisfaction.

\_\_\_\_\_  
Signature of client or guardian (for minors)

\_\_\_\_\_  
Print name

Date \_\_\_\_\_