



Policies and Informed Consent for Psychotherapy Services

Hello and welcome to Grateful Insights, LLC, a private practice that offers psychotherapy services for a variety of concerns including mental health, trauma, and everyday life changes. This document is an informed consent form that outlines important information and policies about the therapy services that will be provided, including your rights, responsibilities, and the nature of therapy. It is important that you read this carefully, ask any questions you may have, and sign it to indicate your consent to the policies and services.

Nature of Therapy

Therapy involves working together to explore and address emotional, psychological, and/or behavioral issues. The methods used may include talk therapy, cognitive-behavioral techniques, and other therapeutic approaches. Each session typically lasts between 50-60 minutes. Initial sessions will focus on getting to know each other, providing an evaluation with my recommendations for treatment, and developing treatment plan goals together. Sessions are typically held weekly or biweekly. The frequency of your sessions will depend on your needs and can usually taper as you make progress. Therapy is a collaborative process, and the goals of therapy will be discussed and evaluated throughout treatment. You will have a very active role in your treatment. For therapy to be successful it will require that you work on things we discuss both in and out of session.

Treatment Risks and Benefits

Therapy can help you gain insight, learn coping skills, and make positive changes in your life. However, it can also be challenging and may bring up difficult emotions. Some discomfort may occur during the therapeutic process as you explore challenging issues. If you experience significant distress, please let me know so we can address it together.

Confidentiality

Your privacy is a priority, and confidentiality is essential to our work together. The information shared in therapy is confidential and will not be disclosed without your written consent, except in the following circumstances:

- If you are at risk of harming yourself or others.
- If there is suspicion of abuse or neglect involving a child, an elderly person, or vulnerable adult.
- If a court orders the release of information.
- If there is a need to communicate with other healthcare providers (with your consent).

You have the right to ask about any limits to confidentiality at any time. Please also read *Grateful Insights, LLC's Notice of Privacy Practices*, for additional information.

Session Fees and Payment

The standard fee for each therapy session is \$150 for self-pay clients. If you choose to use insurance, your session fee may vary depending on your insurance plan and the specific terms of your coverage. I use Therapymatch, Inc. (dba [Headway](#)) to manage my billing and administrative work so that I can place all my focus on our sessions. Headway manages everything related to payments and insurance to make things as easy as possible for you. The Headway team will reach out with an email to help you set up your account and add your insurance and payment details. You'll see your cost per session ahead of time and can check your benefits through the client portal.

Please be aware that insurance providers may require certain documentation and treatment plans for reimbursement, and by using insurance, you are consenting to the sharing of necessary treatment information for these purposes.

Cancellations must be made at least 24 hours in advance, or you may be charged a late cancellation fee of \$75.

If you do not attend your scheduled session without providing prior notice of cancellation, you will personally be charged for the full session fee of \$150 as insurance will not cover no-show fees.

After three no-shows or cancellations, the therapist may decide to discontinue treatment at their discretion.

Emergency Situations

I am not available for emergencies outside of scheduled therapy hours. If you are in crisis or need urgent assistance, please dial 988. If it's an emergency, dial 911 or go to your nearest emergency room.

Legal Proceedings

In the event of any legal case you are involved in, you agree not to request that I testify in court or disclose psychotherapy records. If evaluations or testimony are needed, you should hire a different mental health professional. This policy is based on the potential for biased testimony, the risk of affecting our therapy relationship, and the availability of other professionals who specialize in court-related cases.

Therapeutic Relationship

As your therapist I will use my clinical knowledge and skills to help you and follow ethical standards set by the National Association of Social Workers (NASW). I am trained and licensed to practice mental health therapy, not law, medicine, or finance, and cannot provide advice outside my scope of licensure. I am required by law to keep your information confidential, except in specific situations outlined in the *Confidentiality* section. To protect your privacy, I may not acknowledge you in public. Additionally, I can only serve as your therapist and cannot take on other roles that could impair my judgment or objectivity. I cannot be friends

with or socialize with clients, nor can I have a romantic or sexual relationship with any client. I cannot engage in any business relationship with clients beyond the therapeutic relationship.

Your Rights and Responsibilities

- **Right to Withdraw:** You have the right to discontinue therapy at any time. If you would like another professional's opinion or wish to consult with another therapist, please let me know so I can provide referrals for a qualified mental health professional.
- **Right to Ask Questions:** You have the right to ask questions about the therapy process, my qualifications, or anything related to our work together.
- **Right to Access your Records:** You have the right to access a summary of your therapy records, except in certain legal or emergency situations, or if releasing the information could be harmful. Clinical records may be misinterpreted or distressing to those without training. If you would like to review your records, I recommend scheduling an appointment to discuss them together. A fee will apply for any time spent responding to your request.
- **Right to be treated fairly:** You have the right to be treated with fairness and professionalism. If you feel this has not occurred and are unable to resolve the matter directly with me, you may submit your concerns in writing to me and Grateful Insights, LLC. If the matter is unresolved, you may file a complaint with the Florida Department of Health, further explained in the *Grateful Insights, LLC Notice of Privacy Practices*.
- **Responsibility:** You are responsible for attending and paying for your sessions on time and notifying me in advance if you need to cancel or reschedule.

Telehealth/Remote Services

Telehealth involves the delivery of therapy services using video conferencing, phone calls, or other secure electronic platforms. Therapy conducted via telehealth is similar to in-person therapy, but it involves communication over the internet or telephone. Sessions will be conducted in the same way as in-person therapy, with a focus on providing therapeutic support and addressing your concerns.

- **Risks and Benefits:** While telehealth offers many benefits, such as convenience and accessibility, it also has limitations and risks. These may include:
 - **Confidentiality Risks:** Despite efforts to maintain privacy, there may be risks related to the security of online platforms, including data breaches or unauthorized access. I will take all reasonable steps to protect your privacy by using secure, HIPAA-compliant platforms, but you should be aware of potential risks.
 - **Technical Issues:** There may be technical issues such as poor internet connection, software malfunctions, or interruptions during the session. In case

of a technical problem, we will work together to resolve the issue or, if necessary, reschedule the session.

- **Emergency Situations:** Telehealth is not appropriate for emergencies. If you are experiencing a crisis, please contact a local emergency service or go to the nearest emergency room. If I am unable to reach you during a session due to technical issues, I will make reasonable efforts to contact you, but you remain responsible for reaching out if necessary.
- **Confidentiality and Security:** Telehealth therapy sessions will be conducted in a private setting, and I will ensure that our communication remains confidential within the limits of the law. To ensure your privacy, I ask that you also participate in telehealth from a quiet, private location where others cannot overhear our conversation. I will use Zoom for Healthcare, which is HIPAA-compliant, to conduct our sessions.
- **Your Responsibilities:**
 - Technical Requirements: You are responsible for ensuring you have the necessary technology to participate in telehealth sessions, including a reliable internet connection, a webcam or smartphone with video capabilities, and a quiet, private space for the session. Grateful Insights, LLC will not be held liable for information disclosed to third parties by way of overhearing the session. It is of utmost importance that both the therapist and client are in a private space.
 - Emergency Plan: In the event of an emergency during a telehealth session, I will provide you with emergency contact information and resources. If I believe you are at risk of harm, I will take appropriate steps, which may include notifying emergency services and/or notifying your emergency contact(s).
 - Session Preparation: Just as in in-person therapy, it is important that you prepare for each session by being on time, in a safe and private environment, and free from distractions during the session.

Indemnification and Hold Harmless

By signing this agreement, you agree to indemnify, defend, and hold harmless Gissa Hernandez, LCSW, Grateful Insights, LLC, and its employees, agents, or affiliates from any and all claims, liabilities, losses, or expenses (including legal fees) arising out of, or related to, your participation in therapy services. This includes any claims made by you or a third party that may arise because of your therapy or treatment, except in cases of negligence or willful misconduct by the therapist.

Consent to Treatment and Telehealth Services

By signing this agreement, you acknowledge that you have read and understand the contents of this informed consent form, including the nature of therapy, confidentiality, session fees, and

your rights and responsibilities. You also acknowledge that you understand and consent to the use of telehealth for therapy services. You are aware of the potential risks and benefits, as well as the steps I will take to ensure confidentiality and security. You agree to follow the guidelines set forth to ensure effective and secure therapy sessions. You consent to receive therapy services under the conditions described here.

Printed name of client:

Date:

X

Client signature

By typing your name above, you acknowledge and agree that this constitutes your electronic signature.

I, Gissa Hernandez, LCSW, owner/therapist, provided the above information and an opportunity to ask any questions. I believe the client fully understands the guidelines and is competent to give informed consent. I agree to proceed with therapy, as indicated by my signature.

Printed name of therapist:

Date:

X

Therapist signature