

Daniel Birdsong, PhD 731 Middle Street Montevallo, AL 35115 Telephone: 205-382-8550

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CONSENT FOR SERVICES

This form is called a Consent for Services (the "Consent"). Your counselor, Dr. Daniel Birdsong ("Provider"), has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

• The Therapy Process: Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

• <u>Provider Qualifications</u>: Your Provider, Dr. Daniel Birdsong, is a Licensed Professional Counselor (#LPC03827) and Supervisor Counseling (#SC03301) in the state of Alabama through the Alabama Board of Examiners in Counseling. Additionally, he is a Marriage and Family Therapy Associate (#A359) in Alabama under the supervision of Dr. Charlotte Daughhetee through the Alabama Board of Examiners in Marriage and Family Therapy.



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He is certified by the National Board of Certified Counselors (#717568), a private certifying agency that recognizes counselors who have distinguished themselves through meeting the board's standards for education, knowledge, and experience, and he maintains specialty certification as a National Certified School Counselor through the board. His other professional certifications include Approved Clinical Supervisor (#3844) through the Center for Credentialing and Education; Registered Play Therapist (#T5827) through the Association for Play Therapy; and Professional Educator Certification in School Counseling (#DJB-0101-3687) in Alabama through the Alabama State Department of Education.

I hold a doctoral degree (PhD) in counselor education and supervision from the University of Holy Cross (New Orleans, LA), an educational specialist degree (EdS) in counselor education from Jacksonville State University (Jacksonville, AL), and a master's degree (MEd) in counseling from the University of Montevallo (Montevallo, AL). The graduate programs I completed were accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I have been a counselor since 2016, and my professional experiences have included school counseling, private practice, and counselor education. My counseling practice is limited to children, adolescents, and adults and includes individual, couples, and family counseling.

• Appointments: I have appointments back-to-back throughout each day. I do my best to be punctual for your appointment unless an emergency interrupts. I ask that you to be punctual as well. If you are late for any reason, you will receive the remainder of your scheduled time. This is necessary so that I can keep my following appointments at their scheduled times. If you need to cancel your appointment, a minimum advanced notice of 24-hours is requested so that I will have a chance to fill your slot. You may call me at 205-382-8550 to cancel or reschedule an appointment. Please left a voicemail if I am unable to answer. I reserve the right to charge a no-show or late cancellation fee of \$25 to your account should no-shows/late cancellations become a pattern. Additionally, frequent no-shows/late cancellations may result in termination of our professional relationship. Any client who does not drive themselves to the appointment cannot be left alone at appointments. A guardian must be present for the entire appointment time. Sometimes, the parents/guardian is needed in session, and it is a liability for the practice for a minor to be left alone. Parents/guardians who do not abide by this rule may be at risk of termination of the professional relationship.



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- Telehealth Services: Telehealth services may be available if it is determined by the client and Provider to be appropriate. To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth. Risks include: (1) Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards. (2) Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions. (3) Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services. Benefits of telehealth include: (1) Flexibility. You can attend therapy wherever is convenient for you, as long as privacy is maintained. (2) Ease of Access. You can attend telehealth sessions without worrying about traveling (must be in the state of Alabama during your session), meaning you can schedule less time per session and can attend therapy during inclement weather or illness. If you and your Provider agree that telehealth is a good option for your counseling appointments, the following recommendations are provided: (1) Make sure that other people cannot hear your conversation or see your screen during sessions. (2) Do not use video or audio to record your session unless you ask your Provider for their permission in advance. (3) Make sure to let your Provider know if you are not in your usual location before starting any telehealth session (must be in the state of Alabama during the session).
- <u>Emergencies</u>: Mountain Valley Counseling, LLC provides outpatient therapy and is not equipped to provide emergency interventions. If you experience a crisis or mental health emergency, please call 988 or go to your nearest local emergency department where the staff can offer immediate assessment and treatment. Please contact me so that an expedited appointment may be scheduled **following** the crisis or emergency.
- <u>Payment</u>: You are fully responsible for all services rendered. Full payment is expected at
 the time of service, unless other contractual agreements apply. Payments are securely
 processed through Square, which accepts most major credit cards. The practice permits



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you to keep a valid credit or debit card on file. If elected, you must complete a credit card authorization form. This card, or another form of payment presented at the time of service, will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. If a card is stored on-file, it is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges. There will be a \$25 fee for payments returned as non-sufficient or non-payable. All services rendered will be billed to you, your guarantor, or some contracted insurance plans by your Provider. If you have questions regarding your account balance, you may call 205-382-8550. Please Note: Billing processes may include a monthly statement, phone call, or correspondence regarding the patient due portion of the account balance. Statements, phone numbers, and correspondence will be addressed regarding the patient/guarantor address or phone numbers listed on the Mountain Valley Counseling, LLC client emergency and other contacts form. If any of these business procedures present a problem for you or your treatment, please discuss your concern with your Provider.

Insurance Benefits: Before starting therapy, you should confirm with your insurance company if: (1) Your benefits cover the type of therapy you will receive; (2) Your benefits cover in-person and telehealth sessions; (3) You may be responsible for any portion of the payment; and (4) Your Provider is in-network or out-of-network. Sharing Information with Insurance Companies. If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work. Covered and Non-Covered Services. When your Provider is innetwork, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance, minus contractual adjustments. You may also be responsible for any services not covered by your insurance. When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.



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- **Confidentiality**: Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions: (1) Your Provider may speak to other healthcare providers involved in your care. (2) Your Provider may speak to emergency personnel. (3) If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential. (4) If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions. (5) If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities. (6) If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.
- Record Keeping: Your Provider is required to keep records about your treatment, and your records are the property of Mountain Valley Counseling, LLC. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.
- <u>Provider Death or Incapacitation</u>: In case your Provider is suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, your Provider has designated a colleague who is a licensed professional



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counselor as their professional executor. If your Provider dies or becomes incapacitated, their professional executor will be given access to all of their client records and the executor may contact you directly to inform you of the Provider's death or incapacity; to provide access to your records; to provide counseling services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, please speak to your Provider.

- Communication: You may decide how to communicate with your Provider outside of your sessions. You have several options: (1) Phone calls. I may not always be available immediately by phone due to my schedule and seeing other clients. If I am unable to answer, please leave a voicemail, and I will return your call as soon as it is possible for me to do so and within 24-48 business hours. (2) Texting/Email. Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method. If you elect to communicate through these methods, you will be required to complete a separate consent document. (2) Secure Communication. Secure communication through the Therapy Portal is the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.
- Social Media/Review Websites: If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy. Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back. If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove



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reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

- <u>Termination</u>: Ending therapy may be initiated by you as the client, or as legal guardian of the client, or myself as the therapist. In either event, a final session is strongly recommended to explore the ending process itself. This can be a useful conclusion to treatment. Referrals to other providers or other suggestions can be offered at that time.
- <u>Reports and Letters</u>: I have the right to bill for my time if you, another clinician, lawyer, insurance company, etc. request a letter or report. Payment is expected at the time of service. Unpaid balances will be billed to you or your guarantor from my office. Should you have any questions regarding your account balance, you may call me at 205-382-8550. Insurance companies will not reimburse for these fees.
- <u>Complaints</u>: If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE NOTIFICATIONS AND THAT YOU ARE CONSENTING TO RECEIVE TREATMENT BY MOUNTAIN VALLEY COUNSELING, LLC.

Printed Client Name		
Client Signature		
Date		