



## **GOODWIN COUNSELING SERVICES LLC**

### **Practice Information**

Goodwin Counseling Services LLC  
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(802) 523-3517

## **Informed Consent, Telehealth Consent & Financial Agreement**

### **INFORMED CONSENT FOR PSYCHOTHERAPY**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process: You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

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### **CONFIDENTIALITY & LIMITS OF CONFIDENTIALITY**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.



Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

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### **TELEHEALTH CONSENT**

Telehealth involves the use of video conferencing technology and differs from in-person sessions. Benefits include increased access to care and convenience. Potential risks include interruptions, technical difficulties, and unauthorized access.

Either you or your provider may discontinue a telehealth session if the connection is not adequate.

#### **Telehealth Platform: SimplePractice**

- Telehealth by SimplePractice facilitates videoconferencing only and does not provide medical or emergency services
- Telehealth is **not** an emergency service; in an emergency, call **911**
- Your provider may not have access to technical system information within SimplePractice
- You are responsible for maintaining confidentiality and not sharing your session link
- All confidentiality protections apply equally to telehealth services

If technology is used for therapy services, you may withhold or withdraw consent at any time without affecting your right to future care. All standard confidentiality protections apply, and you have access to your treatment information upon request. Your identifiable information or images will not be shared without your consent.

Telehealth offers benefits such as convenience and improved access to care but also carries risks, including technical issues and limitations in the therapist's ability to observe physical, behavioral, or nonverbal information that may be clinically relevant.

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### **ELECTRONIC COMMUNICATION & SOCIAL MEDIA**

Email and text messaging may be used for scheduling or administrative purposes only. Confidentiality of electronic communication cannot be guaranteed. Do not use electronic communication for therapeutic content or emergencies.

Phone sessions may be available when appropriate. Face-to-face sessions are preferred when possible.



To protect confidentiality and professional boundaries, your therapist does not accept friend or contact requests on social media platforms.

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## FINANCIAL AGREEMENT

### Fees

- Initial Evaluation: **\$200**
- Individual, Couples, and Family Therapy: **\$150**
- Reduced rates may be offered in limited circumstances

Payment is due at the time of service. Accepted payment methods include cash, major credit cards, and CareCredit.

### Insurance

Insurance information is verified as a courtesy but **cannot be guaranteed**. You are responsible for any fees not covered by insurance. Use of insurance requires disclosure of a diagnosis and treatment information, which may reduce confidentiality once shared with insurers. We recommend that you contact your insurance company to confirm this information as you will be responsible if there is any difference in actual reimbursement.

Additional fees may apply for reports, court appearances, or extended consultations.

### Late Cancellations & Missed Appointments

Appointments must be canceled at least **24 hours in advance** or a **\$80 Fee** will be charged. We cannot bill insurance companies for missed appointments therefore you would be responsible for the missed session fee.

Extenuating circumstances may be considered at the clinician's discretion.

Arriving more than 15 minutes late may result in the appointment being considered missed and charged in full.

Returned checks incur a **\$15 service fee**. Accounts more than 90 days past due may be sent to collections.

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## APPOINTMENTS, ACCESS & TERMINATION

Standard sessions are 45-50 minutes unless otherwise agreed upon.

Messages are generally returned within 24 hours. In emergencies, call **911** or go to the nearest emergency room.

Therapy may be terminated after discussion if treatment is not clinically appropriate, payment obligations are unmet, or services are not being effectively utilized. Referrals will be provided when appropriate.



Failure to schedule an appointment for three consecutive weeks without prior arrangement may result in case closure.

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## **MINORS**

Parents or legal guardians may have legal rights to certain information regarding a minor's treatment. Confidentiality limits will be discussed with the minor and guardian as appropriate.

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## **ACKNOWLEDGMENT & CONSENT**

By checking the acknowledgment box below, you confirm that you have:

- Read and understood this document
- Had the opportunity to ask questions
- Agreed to psychotherapy services, telehealth services and financial policies

Date: \_\_\_\_\_

Patient Name Printed: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_