

CONSENT FOR VIRTUAL TREATMENT

RHM Consulting, LLC.

This document contains important information about my professional services and business policies. Please read it carefully and keep note of any questions you might have so that we can discuss them during your session. When you sign this document, it will represent an agreement between us.

Virtual Therapy

Virtual Therapy sessions will be conducted through FaceTime or Skype. I do not expect you to download, pay for, or utilize any other platform that may cause issues or added stress to your life, therefore, we will use easy resources for our meetings. It is my expectation that you will benefit from virtual therapy as all or part of your counseling services; however, there is no guarantee. Virtual therapy is conducted using interactive audio and video. Online based services as care may not be appropriate for your needs. If I assess that face-to-face is more appropriate, I will offer an appointment or provide a referral resource. This is something we will continue to discuss during our regular meeting times.

Limitations

It is important to realize that virtual therapy is intended to provide you with similar expectations and experiences as face-to-face therapy. However, because virtual therapy can be conducted in any arena you are most comfortable, home, office, park, etc., it is up to you, as the client, to be in a place that you are most comfortable and able to share quality information. If it is determined that you need more in-depth psychotherapy, we will discuss other options.

Confidentiality

Virtual therapy will be treated the same as face-to-face therapy, therefore, my same policy will be applicable.

Limits of Confidentiality:

What you discuss during your therapy sessions is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another part without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

- **Duty to Warn and Protest:** If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to

threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

- **Abuse of Children and Vulnerable Adults:** If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and or legal authorities.
- **Prenatal Exposure or Controlled Substances:** Therapists must report and admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
- **Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
- **Insurance Providers:** Insurance companies and other third-party payers are given information that they request regarding services to the client.

The types of information that may be requested includes: types of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

*Please be aware that during Virtual Therapy sessions, I will take all precautions to ensure that the sessions are confidential; however, transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. I ask that you determine who has access to your computer and electronic information from your location, or who might be around you during our session. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate through a computer that you know its security can be maintained, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions upon the end of our sessions together.

Technical Issues

It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 5 minutes. If reconnection is not possible, email or text to schedule a new session time. If our time is cut because of technical difficulties with more than 30 minutes remaining in our session, you will not be changed for that meeting. However, if issues continue on our next attempt, you will not be provided a refund. Should a disruption occur at a time of crisis, you agree to immediately be in touch with me either by phone at 216-533-3170, email at drachelmeyer@gmail.com or call 911 in case of an emergency.

Appointments and Professional Fees

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. At the end of the evaluation period, we will work together to develop a treatment plan to follow, if you decide to continue therapy.

The cost per session is \$100 for 45-50 minute session for virtually therapy. In addition to weekly appointments, I charge \$75 per hour for other professional services that you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge my hourly rate both for preparation and attendance at any legal proceeding. I also charge a retainer for any planned involvement in court.

Billing and Payments

Payments for your sessions may be paid via Venmo, Apple Pay, or another manner agreed upon. If you do not show up for your scheduled appointment, you will still be responsible to pay in full for the missed appointment. You will not be able to schedule another appointment until payment is received for your previous appointment.

Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to ask parents to give up this right. If they agree, I will provide them with only general information about our work together, unless I feel that there is high risk that you will harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss this matter with you, if possible, and do my best to handle any objections you may have about what I am prepared to discuss.

Termination

Your participation in counseling is voluntary and you have the right to withdraw from services at any time. I would recommend that when termination is considered, you discuss this with me, so that we can create a plan for termination to minimize any possible negative effects. If you do not show up for 2 or more consecutive scheduled appointments and timely contact has not been made, your treatment will be considered canceled and terminated and you will be financially

responsible for any remaining fees for missed sessions. I will attempt to contact you prior to termination of your case via phone and email.

Electronic Communications

Communication via email is accepted with your understanding that email is not a guarantee of privacy. If you email regarding clinical concerns, please be aware that I may not respond to these emails and that the emails become part of your mental health chart. Email communications are not encrypted, which means that email communications are not secure. Because of this, I do not send documents or emails that contain private health information (PHI). I encourage clients to contact me via phone or make an appointment if you would like to communicate about confidential information or obtain any documentation.

Your signature below indicates:

1. You have read the information in this document.
2. You agree to participate in Virtual Therapy.
3. You consent to treatment.
4. Have read, understood, and comply with the agreed upon policies and our professional relationship.
5. You understand that the session fee is paid via Venmo, Apple Pay, or another manner agreed upon. If you do not cancel your appointment within 24 hours in advance you will be changed in full.

By checking the box, I agree that the signature I have entered above will be the electronic representation of my signature and date for all purposes when I use them on documents, including legally binding contracts – just the same as a pen- and-paper signature.

Name_____ **Date**_____

Signature_____