

MAKARIOS COUNSELING

TELEMENTAL HEALTH INFORMED CONSENT

Please read the following information and sign at the end to indicate that you understand our policies and procedures.

1. TeleMental Health is a platform utilizing HIPPA compliant software to facilitate counseling sessions in digital format. The software is secure, and confidentiality is maintained as if the client was on the premises. Just as with on-site appointments, clients are expected to attend sessions on time by logging in to the provided link. Client must be at least 16yrs old to select the option of utilizing this platform. Therapy can vary in length depending on the collaborative efforts between therapist and client(s). The goals for counseling are developed with the therapist, are based on the client's needs and concerns, and are reviewed on a regular basis to monitor progress. Our counseling services are voluntary.
2. Services: I am able to provide many different types of therapy for a variety of ages including individual and couple/marital. Therapy can vary in length depending on the collaborative efforts between therapist and client(s). The goals for counseling are developed with the therapist, are based on the client's needs and concerns, and are reviewed on a regular basis to monitor progress.
3. Appointments: Regular attendance to therapy is very important to ensure progress with the concerns and issues that have been presented. Please make every effort to keep appointments and be on time. If there is an emergency and you need to cancel or reschedule an appointment, please text or call your counselor as soon as possible to change or reschedule. Each counseling session, unless otherwise stated, is 60 minutes in length. For clients more than 15 minutes late to session, they will be required to reschedule as we cannot conduct a session with less than 45 minutes. Full session fee charge may be applied for any missed appointment without 24 hours' notice.
4. Fees: All fees are due at the time services are rendered. Payment is made via Square invoice.
5. Termination: The client is expected to inform the therapist if the client plans to discontinue counseling for any reason. The final session is an important part of the therapeutic process and helps to summarize the progress and appreciate the change and growth that has occurred. If a client does not show up for two of their appointments without calling to cancel or reschedule, the case file may be closed. The therapist may have to discontinue therapy with clients if the client has shown violent or threatening behavior. Referrals to other more appropriate services may be given should the needs of the client fall beyond the scope of services offered at this agency.
6. Benefits/Risks: The majority of those who obtain counseling benefit from the process. Self-exploration, gaining insight, exploring options for dealing with problem behaviors, learning new skills, or venting difficult feelings/experiences are generally quite useful, but some risks do exist. As counseling begins, please understand that some experience unwanted feelings and that examining old issues may produce unhappiness, anger, guilt, or frustration. These feelings are difficult, but a natural part of the therapeutic process and often provide the basis for change. Important personal decisions are often an outcome of counseling. These decisions, including changing behavior, exploring employment options, substance use patterns, schooling, and relationships, are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed quite negatively by another. Don't be hesitant to discuss counseling goals, procedure, or your impressions of the services being provided. If ever you feel that TeleMental health is not a good fit for you, don't hesitate to inform your therapist and arrangements can be made to meet on-site. If ever you don't understand a suggestion or comment that has been made, please ask for clarification.
7. I understand that TeleMental Health is the use of electronic information and communication technologies by a mental health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Makarios Counseling to provide mental health care services to me via TeleMental Health.
8. I understand that the laws that protect privacy and the confidentiality of medical information also apply to TeleMental Health.
9. I understand that I have the right to withhold or withdraw my consent to the use of TeleMental Health during the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent in writing at any time by contacting Georgia J. Peckett, Makarios Counseling. As long as this consent is in effect, Makarios Counseling may provide mental health care services to me via TeleMental Health.

*****I have read and understand the nature and limits of the therapy services provided by Makarios Counseling and I agree to participate.*****

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Therapist Signature: _____ MS, LMHC

Date: _____