

COUNSELING AGREEMENT FORM

Welcome. To begin your counseling journey this form will provide you with information on my credentials, the process of counseling, confidentiality, emergencies, and other details about your treatment. At any time during your treatment, please feel free to ask any clarifying questions.

Credentials

License: #21848

Verify my license: Board of Social Work 612-617-2100

Credentialing: MSW, LICSW

Certifications: Distance Credentialed Counselor (DCC) #1884

My schooling: St. Catherine University, St. Paul MN

Therapy style: Strength based, motivational interviewing, psychodynamic therapies.

Client's participation - Expectations of the client:

The client should –

- ▶ Avoid using mind altering substances prior to session
- ▶ Dress appropriately
- ▶ Hold the session in an appropriate room (not a bedroom) when attending a web-based session
- ▶ Not conduct other activities while in session, such as driving
- ▶ Not bring any weapons of any kind to session.
- ▶ Be located within the states in which the clinician is licensed to practice (client should inform the clinician of their location)

Confidentiality and Records

All of your health information is kept for a minimum of five years. It is my personal, professional, and legal obligation to keep all of your protected health information (PHI) confidential, with some exceptions. If you make payments via credit card there is the possibility that you may receive an email receipt, and the payment will show on your billing statement.

The following information explains how I handle and store your PHI while you are receiving counseling if you chose any of the following counseling modalities. Although it is not guaranteed that these methods will prevent 100% of confidentiality breaches, they are designed with the intention of supporting the confidentiality of all clinical communications:

Face-to-face:

Face-to-face sessions in my office are provided behind a closed door.

Your information is stored via Drop Box which is HIPAA compliant and provides a BAA.

The only information of yours that is stored on any electronic device of mine is your phone number (on my phone), and your email address (on my computer), if you have emailed me.

My phone and computer are both password protected.

Any paper with your personal information is kept in a locked cabinet behind a locked door.

Email: triciaburrows1@gmail.com

All email correspondences will be done through this email unless you request otherwise and are stored on an encrypted computer.

Video Conferencing:

All video conferencing correspondences will be done through Vsee.com which is encrypted to the federal standard.

If you use any other methods of electronic communication with me, Patricia Burrows, there is a reasonable chance that a third party may be able to intercept that communication. You have the right to consent to communication by non-secure means.

By signing this document you, the client, understand:

- ▶ that you have the option to choose to have email and text reminders of your appointments, and that this form of communication is not considered secure, and there is a risk of other people accessing this information.
- ▶ that you have the option to sign a form titled “Consent to Unsecure Electronic Communication”. This consent would allow me, Patricia Burrows, to transmit to you protected health information via the unsecure methods that you specify.
 - that you are not required, nor encouraged, to sign the “Consent to Unsecure Electronic Communication” agreement in order to receive treatment.
 - that you may terminate these consents at any time by contacting me, Patricia Burrows, or changing your preferences on your texting and email portals

Client's Responsibilities / Client's Protection

With the use of technology it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use.

I encourage you to only communicate through a computer that you know is safe, and to follow the privacy measures. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology you use.

Please contact me with any questions that you may have on privacy measures.

Contact information

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- ▶ By phone (651-243-1064). You may leave messages on the voicemail, which is confidential.

Please refrain from making contact with me using any social media messaging systems such as Facebook, LinkedIn etc. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

Please refrain from creating reviews of my services online. Online reviews are for the public to see and therefore they would put your confidentiality at risk.

Any text based communication may become part of your record.

Response Time

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours on weekdays, and 72 hours on weekends. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

Emergency Contact

If you are ever experiencing an emergency, including a mental health crisis, please call 911, or go to your nearest emergency room.

If you need to contact me about an emergency, the best method is:

- ▶ By phone at 651-243-1064
- ▶ If you cannot reach me by phone, please leave a voicemail.

Cost of Sessions

The cost of your session is due on the date of our session. The cost of the session is based on my hourly rate of \$75.00 and can be amended for any financial hardship that you may have.

You, the client, are responsible for the cost of any technology at your location, such as a computer, device, phone, phone call charges, software, and headset.

I do not bill insurance, but can provide you with an invoice or receipt for you to seek reimbursement via FSA or HSA. Cash, personal checks, PayPal, Square, and all major credit cards are acceptable for payment. There is a \$25 fee for any returned checks. If you pay by credit card you might receive a receipt via email, and it will likely show up on your billing statement.

Face-to-face sessions are held at the following location:

The Wellness Circle
7094 Lake Drive
Lino Lakes, MN

Video conferencing counseling sessions are held via Vsee.com. It is recommended that you sign on to your Vsee account at least 5 minutes prior to your session start time. **You are responsible for initiating the connection with me at the time of your session.**

Limitations of Distance Counseling

Distance counseling should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.

By signing this document you agree that you understand that distance counseling:

- ▶ may lack of visual and/or audio cues, which may cause misunderstanding.
- ▶ may have disruptions in the service and quality of the technology used.
- ▶ may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

Emergency Management for Distance Counseling

So that I am able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- ▶ You, the client, will inform me, your therapist, of the location in which you will consistently be during our sessions, and will inform me if this location changes.
- ▶ You, the client, will identify, on your client information form, a person, whom I, your therapist, am allowed to contact in the case that I believe you are at risk.

- ▶ Depending on my assessment of risk, you, the client, or I your therapist, may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call 911 and/or transport you to a hospital. In addition, I may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment with me. This may mean disposing of all firearms and excess medication from your location.

Backup Plan in Case of Technology Failure

The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that I, your therapist, know your phone number.

If you get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes call me.

If you are on a phone session and your phone disconnects call me back, or contact me to schedule another session. If this happens as a result of my phone or phone service, and we are not able to reconnect, you will not be charged for the session.

Please check the ways in which you are authorizing me to begin treatment with you:

- In-Person
- Video Conferencing
- Telephone
- Texting
- Chat
- Email

You may, at any time during the course of your treatment, withdraw you authorization to any of these modes of treatment and/or this agreement form as a whole. Simply contact me by phone, email, or mail.

By signing below you acknowledge that you agree that you have read and understood this agreement form and agree to accept mental health services by Patricia Burrows.

Client Name: _____

Client Signature: _____

Date: _____

