



# Evolve Counseling, PLLC

P.O. Box 152

Selmer, TN 38375

(731) 610-8862

## **Office Policies & General Information Agreement for Psychotherapy Services or Informed Consent for Psychotherapy**

This form provides you, the client, with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA preemption analysis.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions **are confidential** and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are; where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to a clinical staff member at Evolve Counseling, PLLC, that the client presents a danger to others. To report suspected Elder Abuse call 1-888-277-8366. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by the treating therapist. In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. The therapist will use their clinical judgment when revealing such information. Evolve Counseling, PLLC will not release records to any outside party unless we are authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

In the event of suspected child abuse:



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**WHO MUST REPORT:** Everyone in Tennessee is a mandated reporter under state law. Any person with reasonable cause to believe a child is being abused or neglected must, under the law, immediately report to the Tennessee Department of Children’s Services and Department of Mental Health and The State of Tennessee Department of Mental Health & Substance Abuse 1-866-344-0858 or to local law enforcement. The reporter can remain anonymous. Report suspected child abuse to 1-877-237-0004.

## **WHEN TO REPORT:**

**Physical abuse:** non-accidental trauma or physical injury of a child, or failure to protect a child from harm.

**Neglect:** Failure to provide for a child's physical survival needs to the extent that there is harm, or risk of harm, to the child's health or safety.

**Sexual abuse:** When a child is involved in intentional sexual acts that produce sexual arousal and/or gratification for the perpetrator or sexual behaviors/situations in which there is a sexual component.

**Psychological harm:** A repeated pattern of caregiver behavior or extreme incident(s) that convey to children they are worthless, flawed, unloved, unwanted, endangered. May include both abusive acts against a child and failure to act.

**FAILURE TO REPORT:** is a violation of the law and a Class A misdemeanor, carrying a sentence of up to three months imprisonment, a fine or both. Those who report and “act in good faith” are immune from any civil or criminal charges which may result. The reporter has the right to remain confidential and anonymous.



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**DUTY TO WARN:** If a service recipient has communicated to a qualified mental health professional or behavior analyst an actual threat of bodily harm against a clearly identified victim, AND the professional, using the reasonable skill, knowledge, and care ordinarily possessed and exercised by the professional's specialty under similar circumstances, has determined or reasonably should have determined that the service recipient has the apparent ability to commit such an act and is likely to carry out the threat unless prevented from doing so, THEN the professional shall take reasonable care to predict, warn of, or take precautions to protect the identified victim from the service recipient's violent behavior.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where the therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, Evolve Counseling, PLLC will do whatever we can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, Evolve Counseling, PLLC may also contact the person whose name you have provided on the emergency contact form as the emergency contact. If a client needs medical attention or emergency care, staff will alert emergency medical services. Evolve Counseling, PLLC will rely on emergency services for emergency transportation. Evolve Counseling, PLLC does not provide any form of emergency transportation.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct, only the minimum necessary information will be communicated to the carrier. Evolve Counseling, PLLC has no control over, or knowledge of, what insurance companies do with the information we submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future



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capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National

Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**LITIGATION:** Sometimes patients become involved in litigation while they are in therapy or after therapy has been completed. Sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients' records are generally confidential and private in nature. Patients should know that very serious consequences can result from disclosing therapy records to the legal system. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting therapist's disclosure of the records, the therapist will do their best to discuss with you the risks and benefits of doing so. As noted in this document, you have the right to review your own psychotherapy records anytime. (See also relevant section above: "WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW")

**CONSULTATION:** Therapists at Evolve Counseling, PLLC consult regularly with other professionals within Evolve Counseling, PLLC regarding clients; however, each client's identity remains completely anonymous, and confidentiality is fully maintained.

**E-MAILS, CELL PHONES, TEXTS, COMPUTERS, AND FAXES:** It is very important to be aware that computers and unencrypted emails, texts, and e-fax communications (which are



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part of the clinical records) can be rather easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communications. Emails, texts, and e-faxes are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on laptops and computers is encrypted, emails, texts and e-faxes are not. It is always a possibility that e-faxes, texts, and emails can be sent erroneously to the wrong address and computers. The computers at Evolve Counseling, PLLC are equipped with a firewall, a virus protection, and a password. Please notify Evolve Counseling, PLLC if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted emails, texts, or e-faxes or via phone messages, Evolve Counseling, PLLC will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted, and we will honor your desire to communicate on such matters. Please do not use texts, emails, voice mails, or faxes for emergencies.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of the social work and counseling professions require that we keep treatment records for at least 7 years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Evolve Counseling, PLLC will retain clinical records only as long as is mandated by Tennessee State law. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when the therapist has assessed that releasing such information might be harmful in any way. In such a case, we will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Evolve Counseling, PLLC will release information to any agency/person you specify unless we have assessed that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of



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couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Evolve Counseling, PLLC between sessions, please leave a message (731) 610-8862 and your call will be returned as soon as possible. We check messages a few times during the daytime only. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call as an adult Pathways Mobile Crises. Jackson, Tennessee: (800) 372-0693, 24-hour crisis line Jackson, Tennessee: (855) 274-7471 or the Police: 911. Please do not use email or faxes for emergencies.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee at the end of each session unless other arrangements have been made. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify me if any problems arise, during therapy, regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Evolve Counseling, PLLC will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section, Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Evolve Counseling, PLLC can use legal or other means (courts, collection agencies, etc.) to obtain payment.



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## **THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Evolve Counseling, PLLC will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. The therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of your therapy, the therapist will draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Evolve Counseling, PLLC will provide neither custody evaluation



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recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

**TREATMENT PLANS:** Within a reasonable period of time after the initiation of treatment, the therapist will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used during your therapy, their possible risks, your therapist's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

## TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. The therapist can explain how to log in and use any features on the telehealth platform, if needed. If telehealth is not a good fit for you, we will discuss different options. There are some risks and benefits to using telehealth.

### Risks

- **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. Evolve Counseling, PLLC will carefully vet any telehealth platform to ensure your information is secured to the appropriate standards.

- **Technology:** At times, you could have problems with your internet, video, or sound. If you have issues during a session, we will follow the backup plan that you agreed to, prior to beginning if session.

- **Crisis Management:** It may be difficult for me to provide immediate support during an emergency or crisis. If needed, we will develop a plan for emergencies or crises, such as



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choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

## Benefits

- **Flexibility:** You can attend therapy wherever is convenient for you.
- **Ease of Access:** You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

## Recommendations

- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session unless you and the therapist discussed it prior to the beginning of the session. **If you and the therapist have not specifically discussed you recording sessions, you do not have permission to record audio or video.**
- Make sure to let me know if you are not in your usual location before starting any telehealth session.

**TERMINATION:** As set forth above, after the first couple of meetings, Evolve Counseling, PLLC will assess if our treating you can benefit you. Evolve Counseling, PLLC will not work with clients who, in our opinion, we cannot help. In such a case, if appropriate, we will give you referrals that you can contact. If at any point during psychotherapy the therapist either assesses that they are not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, Evolve Counseling, PLLC will discuss with you the termination of treatment and conduct pretermination counseling. In such a case, if appropriate and/or necessary, Evolve Counseling, PLLC will give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, we will talk to the psychotherapist of your choice in order to help



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with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Evolve Counseling, PLLC will give you a couple of referrals that you may want to contact, and if we have your written consent, Evolve Counseling, PLLC will provide them with essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Evolve Counseling, PLLC will provide you with names of other qualified professionals whose services you might prefer. At any time, if you become a threat to staff or others, Evolve Counseling, PLLC reserves the right to terminate your services. You will receive your termination in writing and verbally.

## **SOCIAL NETWORKING AND INTERNET SEARCHES:**

Staff at Evolve Counseling, PLLC do not accept friend requests from current or former clients on social networking sites, such as Facebook. At Evolve Counseling, PLLC, we believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, Evolve Counseling, PLLC request that clients not communicate with the therapist via any interactive or social networking web sites.

**AUDIO OR VIDEO RECORDING:** Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by Evolve Counseling, PLLC. Identifiable photographs of the client must not be used without the written and signed consent of the client or the client's guardian. Audio and or video recordings may be used in various forms of certification process. Evolve Counseling, PLLC will obtain written consent prior to using audio or video recordings for these sessions.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee, \$25.00 will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.



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I have read the above Office Policies and General Information, Agreement for Psychotherapy Services, or Informed Consent for Psychotherapy carefully; I understand them and agree to comply with them:

Client's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Psychotherapist's Name (print) \_\_\_\_\_