



Welcome to JC Counseling Clinic LLC, we look forward to working together. I want to take a moment to warmly welcome you. Beginning therapy is a meaningful step, and I truly appreciate the courage it takes to reach out and prioritize your well-being.

Our work together will be a collaborative process built on trust, respect, and openness. My goal is to provide a safe, supportive, and nonjudgmental space where you can explore your thoughts, feelings, and experiences at your own pace. There is no “right” or “wrong” way to do therapy this is your space, and we will move in a way that feels comfortable and productive for you.

While we acknowledge this initial process of paperwork can be overwhelming, I encourage you to pace yourself and to reach out and call with questions or concerns. When you sign this document, it will represent an agreement between JC Counseling Clinic LLC and yourself.

If you do not have access to a computer or need support in completing this packet, please call or email JC Counseling Clinic LLC and discuss options in how to best support you.

Intake Packet Order

New Client Registration .....2  
 Presenting Symptoms & Trauma .....3  
 Medical History .....4-5  
 Family History.....6  
 Intake Appointment .....7  
 Acknowledgement and Consent to Treatment..... 7  
 Potential Benefits & Risks.....8  
 Crisis Services / Emergencies .....8  
 Nondiscrimination Policy .....8  
 Confidentiality & Release of information.....8-9  
 HIPAA Notice of Privacy Practices and Policies..... 9-10  
 Opt-In Appointment Reminders / PHI Disclosure ..... 11  
 Office Hours, Appointments & Late Policy.....12  
 Late Cancellations / No Shows / Recurring Appointments / Discharge..... 12  
 Account Responsibilities / Fees / Payment of Fees..... 13-14  
 Social media / Technology / Email / Texting ..... 14  
 Teletherapy Informed Consent..... 15-16  
 Signature Page ..... 16

# JC Counseling Clinic

## New Client Registration

---

### Personal Information

---

First Name \*

Last Name \*

Preferred Name

Street Address

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Cell Phone \*

Work Phone

Home Phone

Email Address \*

Contact Preference

Social Security #

Date Of Birth \* (mm/dd/yyyy)

Age \*

Education \*

Religion

Gender At Birth \*

Gender Identity

Pronouns

Relationship Status

Referral Source

Employer

Employment Position

If client is a minor, does guardian have sole custody?

 Yes No

Guardian Full Name

Relation To Client

If guardian does not have sole custody, please describe custody.

### Emergency Contact

---

Contact First Name

Contact Last Name

Contact Phone

# JC Counseling Clinic

New Client Registration

---

## Symptoms (check all that apply in the last 90 days)

---

### Mood & Emotional Symptoms

- Sadness / Depression
- Hopelessness
- Crying episodes
- Irritability / Anger
- Guilt / Shame
- Loneliness
- Low self-worth
- Loss of interest in activities
- Lack of motivation
- Wide mood swings
- Seasonal mood changes
- Withdrawal from others

Other:

### Thought & Perception Symptoms

- Racing thoughts
- Obsessive thoughts or behaviors
- Hearing voices
- Auditory hallucinations
- Visual hallucinations
- Homicidal thoughts
- Suicidal thoughts
- Memory problems
- Easily distracted
- Boredom
- Poor Memory
- Memory Loss

### Behavior & Impulse Symptoms

- Aggression / Fighting Impulsivity
- Risky behaviors
- Self-harm behaviors
- Excessive energy
- Alcohol or drug use
- Gambling problems
- Pornography-related concerns
- Computer or internet overuse
- Work or school difficulties
- Difficulty in the classroom setting
- Distractibility/Inattention
- Does not follow through on tasks
- Fidgets or has difficulty sitting still
- Talks excessively
- Trouble concentrating
- Sexual problems
- Substance abuse

## Additional Symptom Areas

---

### Trauma-Related Symptoms

- Flashbacks
- Nightmares
- Intrusive or disturbing memories
- Relationship problems
- Peer conflict
- Parenting difficulties
- Dissociation

Other:

### Anxiety & Fear-Related Symptoms

- Anxiety / Excessive worry
- Panic attacks
- Phobias
- Fear of leaving home
- Social anxiety
- Hypervigilance
- Suspicion / Paranoia

### Sleep & Physical Symptoms

- Sleep problems
- Fatigue
- Changes in appetite
- Eating-related concerns
- Nighttime worries and fears
- Developmental Delays
- Did not meet developmental milestones
- Learning Disabilities

## Trauma (please check any you have experienced)

---

### Abuse & Interpersonal Trauma

- Emotional abuse
- Physical abuse
- Sexual abuse
- Domestic violence
- Crime victim
- Neglect
- Bullying
- Hostile home environment

### Hardship, Health & Crisis Events

- Homelessness
- Financial hardship
- Chronic illness
- Natural disaster
- Life-threatening illness
- Traumatic child birth
- Parent's chronic terminal condition
- Multiple family home

### Family & Life Circumstances

- Lived in foster care
- Multiple family transitions
- Parent substance abuse
- Placed a child for adoption
- Teen pregnancy
- Loss of a loved one
- Parental Separation
- Co-parenting difficulties
- Difficulty adjusting to family dynamics

Other:

# JC Counseling Clinic

New Client Registration

---

## **Medical History**

---

Please list any chronic medical conditions, significant injuries, surgeries, concussions, or head injuries.

Please share any current or past experiences with chronic dieting, severe restriction of food intake or variety, purging, binge eating, or compulsive exercise.

Please share any history of self-harm behaviors, including when they most recently occurred.

Have you ever seen a psychiatrist or been prescribed medication for mental health concerns? If so, are you currently taking any medications, and if yes, which ones?

Have you ever been hospitalized for mental health reasons? If yes, please provide the date(s) and where.

# JC Counseling Clinic

New Client Registration

---

## **Medical History (continued)**

---

Do you have any history of suicidal behavior? If yes, please describe.

Do you have any history of violence or aggressive behavior? If yes, please describe.

Do you have any history of drug or alcohol abuse? If yes, please describe.

Please list any additional medications you are currently taking, including prescription medications, OTC medications, and supplements.

## **Reasons for Seeking out Therapy**

---

Please list reasons for seeking out therapy for yourself or your child.

# JC Counseling Clinic

New Client Registration

---

## Family History

---

### History of: (diagnosed or suspected) Who?

Depression

Bipolar Disorder / Manic Depressive

Anxiety

Schizophrenia / Schizoaffective

Autism or Developmental Disorder

Post-Traumatic Stress Disorder (PTSD)

Obsessive Compulsive Disorder (OCD)

ADHD / Hyperactivity

Substance/Alcohol Abuse

Learning Disorder

Anorexia / Bulimia / Eating Disorder

Other

## Intake Appointment

What to expect? Your intake should take approximately 55-60 minutes but sometimes up to 90 minutes, during which your therapist will go over the disclosures as required by law, provide opportunities for questions, and complete the clinical intake. Sometimes intakes can last 1-2 sessions if there is a lot of information to go over. The clinical intake is a time for your provider to meet with you and learn about what's gone on in the past, what's happening currently, and what are your hopes for the future? Clinicians ask about your history and symptoms and explore your areas of desired growth and what you hope to accomplish through therapy.

It is also a time for you to ask your clinician about how they can help you, what types of therapeutic techniques are utilized, ask questions and get a feel for your clinician. If your clinician feels that you might need a higher level of care or type of therapy than they currently offer, the intake is a time that your provider can let you know this as well as provide information for potential community referrals who will best meet your needs.

In this document you will be provided a summary of information about HIPAA, a federal law that provides privacy protections and client rights with regard to use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. This law requires clinicians to make this information available to you by the end of the first session.

## Acknowledgment and Consent to Treatment

It is the responsibility of the mental health clinician to bring the necessary clinical experience, training, knowledge and skills to the sessions with you. Your responsibility is to be committed to making choices and changes that will enable you to achieve your treatment goals.

JC Counseling Clinic LLC works with individuals and/or their families to provide the most effective treatments possible. Each client is encouraged to work with their clinician to develop a Care Plan to best relieve symptoms and promote recovery. Clients are encouraged to fully discuss all aspects of treatment, to ask questions about services, and to understand the treatments they are engaged in.

- ◆ I understand that treatment procedures will be developed according to a mutually agreed upon treatment plan between me and my clinician with JC Counseling Clinic LLC.
- ◆ I understand that I am free to withdraw from the counseling relationship at any time, obtain a second opinion, or receive a referral to another therapist/s.
- ◆ I understand that regular attendance and my active participation in treatment will increase the likelihood of my benefitting from treatment. I also understand I am free to discontinue treatment at any time.
- ◆ While I expect benefits from this treatment, I fully understand and accept that because of factors beyond my and/or JC Counseling Clinic LLC's control, benefits and desired outcomes cannot be guaranteed. I also understand that improvement often does not happen immediately or in a consistent or constant manner. There may be fluctuation of symptoms or progress over the course of my treatment.
- ◆ I understand my right to be fully informed and to fully participate in treatment. I agree to comply with the Care Plan that I help develop. I authorize JC Counseling Clinic LLC. to treat me and/or my child.

### Please Initial

By initialing, you are indicating that you understand and agree to the Acknowledgement and Consent to Treatment statements above.

\_\_\_\_\_

## **Potential Benefits & Risks**

Most people benefit from the counseling process; however, psychotherapy is a personalized experience and some risks do exist. Exploring patterns or unpleasant or painful events can bring up uncomfortable feelings and memories. At times, you may experience emotional distress, stress or increased anxiety. Sometimes it can feel like things are getting worse before they get better. While clinicians cannot guarantee any specific result, you are encouraged to talk with your clinician about your experiences. Remaining committed to the process and attending consistently are likely to lead to the most gains and benefits from the therapeutic process. As a result of psychotherapy services, you may find you have an increased ability to cope, decreased stress, and cultivated insight into yourself and your situation.

## **Crisis Services / Emergencies**

JC Counseling Clinic LLC does not provide emergency/crisis/ after-hours business hour services. If you are having an emergency, please call 911 AND/OR After-hours Whitebird Crisis Line: 541-687-4000 or 1-800-422-7558 (24-hrs, 7 days a week). For the University of Oregon Crisis Line call 541-346-4488.

To access or call the non-emergency police lines; Junction City 541-998-1214, Eugene 541-682-5111, and Springfield 541-726-3714. If you feel you need emergency services frequently, we may discuss accessing a higher level of care for you, to best meet your needs.

## **Nondiscrimination Policy**

JC Counseling Clinic LLC does not discriminate against the delivery of mental health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, disability, genetic information or source of payment.

## **Confidentiality & Release of information**

Oregon and Federal laws require that issues discussed in therapy or consultation for the purpose of diagnosis or treatment with a mental health clinician remain confidential. Release of confidential information without your consent may ethically or legally be required as detailed below; I understand the below exceptions to confidentiality and agree that JC Counseling Clinic LLC is not bound to maintain confidentiality regarding the following issues:

Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. The only exceptions are as follows:

- Your clinician believes that the client presents a clear and imminent danger to him/herself or to another person.
- Reporting suspected child abuse for individuals under 18, or suspected elderly or developmentally disabled abuse, JC Counseling LLC clinicians are mandated to report this to the appropriate agency/s.
- In a case where a judge in a court case subpoenas your clinician to testify or subpoenas their records.
- In a case where an insurance company is helping to pay the fee and requires information about diagnosis and/or reports about treatment.
- In situations of crisis where an emergent decision needs to be made, by where clinical information is needed to be utilized and shared to make a care decision.
- Defending claims brought against a clinician.
- I understand that by law, my child's non-custodial parent (who demonstrates they have custodial rights) does have the right to access records regarding my child's assessment and treatment (unless such disclosure would imminently risk harming the child).
- In a case where a client's care will be coordinated with another clinician within JC Counseling Clinic LLC are not allowed to accept or return telephone messages from friends, family members, or significant others who are not designated on a Release of Information (ROI). Please sign an ROI at the time of your appointment if you would like your provider to communicate with others about your treatment

## Minors:

- If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.
- A minor who is 14 years or older may access outpatient mental health treatment without parental consent. However, providers are expected to involve parents by the end of the minor's mental health treatment unless the parent refuses involvement, clear clinical indications to the contrary exist and are documented in the treatment record, there is identified sexual abuse, or the minor has been emancipated and/or separated from the parent for at least 90 days.
- For mental health services, the provider may disclose health information to a minor's parent or guardian per ORS 109.680 if it is clinically appropriate and in the minor's best interests or the minor is at risk of committing suicide and requires hospital admission.

## Additionally:

- 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.

**Please Initial**

\_\_\_\_\_

I understand that JC Counseling Clinic LLC may use and disclose health information about me with my signed consent. I understand that my health information may include information both created and received by JC Counseling LLC and it may be in the form of writing, electronic records, or spoken words. It may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures and/or other health-related information.

## HIPAA Notice of Privacy Practices and Policies

JC Counseling Clinic LLC is required by applicable state and federal law to maintain privacy of your health information. JC Counseling Clinic LLC is also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information (otherwise known as Protected Health Information or "PHI"). JC Counseling Clinic LLC must follow the privacy practices that are described in this Notice.

### Uses and Disclosures Requiring Your Written Authorization

- Make decisions about and plan my care and treatment
- Refer to and consult with, coordinate and manage with other health care providers for my care and treatment
- Perform various administrative and business functions that support my practitioner and provider's efforts to provide me with, arrange for, and be reimbursed to quality, cost effective health care.

### Permissible Uses and Disclosures without Your Written Authorization

#### Health Care Operations:

- ◆ Determine my eligibility for health plans or health insurance coverage and submit billing claims and other related information to insurance companies or others who may be responsible to pay for some or all of my health care.

## Required or Permitted by Law:

- ◆ JC Counseling Clinic LLC may use or disclose your PHI when your clinician is required or permitted to do so by law. For example, your clinician may disclose PHI to appropriate authorities if they reasonably believe you are a victim of abuse, neglect, or domestic violence or a victim of other crimes.
- ◆ JC Counseling Clinic LLC may disclose your PHI to the extent necessary to avert a serious threat to your health or safety, or the health and safety of others.
- ◆ Other disclosures permitted or required by law include the following: disclosures for public health activities, health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to a military or national security agency, coroners, medical examiners, or correction institutions otherwise authorized by law.
  1. State Law requires me to obtain your authorization to disclose your health information to the state of Oregon for payment purposes.
  2. For private clients, state law requires me to obtain your authorization to disclose your health information for payment purposes.

### *Uses and Disclosures Requiring Your Written Authorization*

Acknowledgement of Receipt of HIPPA Notice of Privacy Practices I acknowledge the receipt of JC Counseling Clinic LLC's HIPPA Notice of Privacy Practices for my review. I understand that this HIPPA Notice of Privacy Practice's document will always be available to me and that I may request a hard copy at any time if I am unable to access it electronically. If you have any questions regarding the information in the HIPPA Notice of Privacy Practices document, please ask Jamie Pleich, MA, LPC with JC Counseling Clinic LLC.

**Please Initial**

\_\_\_\_\_

I understand that I have the right to receive and review a written description of how JC Counseling Clinic LLC will handle my health information. This written description is known as a "Notice of Privacy Practices" and describes the use and disclosures of health information made, and the information practices followed by JC Counseling Clinic LLC. I understand that the "Notice of Privacy Practices" may be revised from time to time and that I am entitled to receive a copy of any revised copy.

### **Opt-In Appointment Reminders / PHI Disclosure**

JC Counseling Clinic LLC's default method for appointment reminders are via email. For added convenience, clients can choose to opt-in to have appointments reminders sent also via automated voice message or text. Please be aware that all appointment reminders include protected health information (PHI) as it associates your email with the agency and that by signing below you have indicated you agree to this disclosure.

I would like to also receive appointment reminders by the following method(s):

Automated voice message

Text message

#### *Text Appointment Reminder Sample:*

Reminder: Telehealth appt with Jamie Pleich, Thu 2/25 @3pm PST. Questions? Call 541-321-8178. To stop reminders reply "STOP", otherwise do not respond.

**Please Initial**

\_\_\_\_\_

I have read and understand JC Counseling Clinic LLC appointment reminder and electronic communication disclosure.

## **Office Hours, Appointment, Late Arrival Policy, & Cancellation Policy**

Office hours are by appointment only and are typically 50-60 minutes in length. Some appointments are scheduled for fewer or more minutes depending on individual therapy needs. Your therapist can discuss this with you. JC Counseling Clinic LLC has a late policy of beginning the session within 7 minutes of your appointment start time. After 7 minutes we reserve the right to re-schedule your appointment time and a cancellation fee which is equal to your appointment fee will be charged at that time. Please remember to cancel or reschedule 24 hours in advance or you will be responsible for the entire fee if cancellation is less than 24 hours.

### **JC Counseling Clinic LLC Cancellation Policy States:**

JC Counseling Clinic LLC requires a 24-hour notice to cancel an appointment without being charged. Cancellations for Monday appointments should be made by the appointment start time of the preceding Friday to avoid the cancellation fee, which is equal to the appointment fee. We do not accept cancellation calls over the weekends or holidays for the following day. All charges are made the morning of your appointment. Insurance does not pay late cancellations or no show fees. Therefore, you will be charged the entire appointment fee if cancellation is less than 24 hours or you do not show for your appointment. JC Counseling Clinic LLC will keep your credit card on file using Therapy Notes, and you will automatically be charged if an appointment is not attended or canceled without a 24-hour notice.

When you make an appointment we are reserving that time for you. JC Counseling Clinic LLC does our best to schedule a day and time that will be convenient to your schedule. If you cancel an appointment with more than 24-hours notice, this provides time to fill that space, and you will not be charged.

You may cancel by phone, email, or a message through the Therapy Notes portal. Please remember third-party payers (insurance companies) will not reimburse missed sessions. Therefore, it is imperative that you provide 24-hour advanced notice in order to not be charged. Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. Additionally, if you are late for a session, you may lose some of that session time but a discount will not be applied for the missed time. JC Counseling Clinic LLC may discontinue services if you miss or cancel (with less than 24-hour notice) three (3) appointments in any 6-month period, or two (2) consecutive missed appointments.

### **Recurring Appointments:**

If you have a recurring appointment and you late cancel or do not attend two consecutive appointments, your recurring appointment will be canceled. If you choose to return to therapy, your clinician will try and find a new time to work together. There is no guarantee of a recurring time slot and you may move to an as-available basis.

### **Discharge:**

If attendance becomes a chronic challenge, with more than three no shows or late cancellations, within a year long period, JC Counseling Clinic LLC may choose to provide community referrals and discharge a client from services. This decision would be made after notice of attendance has been provided to the client.

### **Please Initial**

I have read and understand JC Counseling Clinic LLC late arrival, late cancellation, and no show policies and fees.

## **ACCOUNT RESPONSIBILITIES / PAYMENT OF FEES / FEES**

### **BILLING & PAYMENT**

JC Counseling Clinic LLC does not bill your insurance, a superbill can be provided upon request for you to provide to your insurance company for reimbursement. Not all insurances will provide reimbursement. Therefore, it is your responsibility to contact your insurance provider to determine if they will reimburse payment. All charges and fees are due at the time of service. JC Counseling Clinic LLC accepts cash, checks, credit/debit cards, flex cards, and HSA cards. Before your first scheduled session, you are required to have a valid credit card on file. JC Counseling LLC uses an electronic health record system, Therapy Notes, that is HIPPA and PCI Compliant. By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit card number, with expiration date, for payment of future therapy sessions, appointments or other fees. A form of payment must be kept on file, it will be charged automatically the morning of your scheduled visit.

Your signature indicates that you authorize JC Counseling Clinic LLC to charge to your credit card through Therapy Notes for services rendered. These charges will appear on your bank/credit card statement. A copy of this agreement will be available in your client portal. Your signature also indicates that you understand that if you do not attend a scheduled appointment your credit card will be charged the regular session fee unless you cancelled your appointment at least 24 hours in advance. Your credit card number will be kept on file throughout the treatment and will be charged for services.

A \$25.00 service charge will be charged for any checks returned for any reason for special handling. Unpaid balances will be assessed a finance charge equal to 10% of the outstanding balance per month, and may be sent to collections. JC Counseling Clinic LLC fees are subject to change. Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, we will provide you with information that you will then send to your insurance company. JC Counseling Clinic LLC does not communicate with your insurance company on your behalf. Please keep in mind that the information that you provide to your insurance company will become part of the insurance company's files. Insurance companies claim to keep the information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices. Nonpayment of fees for two or more session fees may result in suspension/termination of services.

JC Counseling Clinic LLC reserves the right to cancel a session if payment is not made. Your signature indicates that you may be charged for other services such as, extended phone calls, consultations on your behalf, and other services rendered on your behalf. Other professional services can include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. All these services are charged at a prorated rate of \$200/hour in 15 minute increments. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. [I charge \$500 per hour for professional services I am asked or required to perform in relation to your legal matter.]

- By signing I am agreeing that I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify JC Counseling Clinic LLC in writing of any changes in my account information or termination of this authorization.
- By signing I am agreeing that I understand that a re-billing fee/financial charge complying with Oregon State

Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. A copy of this agreement is available in my client portal.

- By signing I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

## **FEES**

Cash Fees: \$200 Intake; \$100 Individual 30 minute session; \$150 Individual 55-60 minute session OR 50 minute Family session. Fees are subject to increase with advance notice. Each therapy session will be scheduled for between 50-60 minutes, Intakes may be longer up to 90 minutes.

**JC Counseling Clinic LLC does not bill insurance.** YOU ARE RESPONSIBLE TO PAY YOUR BILL IN FULL. Full payment by cash, check, Visa, MasterCard, American Express, or HSA card are required prior to each session. JC Counseling Clinic LLC uses Therapy Notes to process payments. You are required to have a card on file at all times to ensure that payments are made.

Also, if it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the licensed counselor to release information necessary to secure payment. This will ensure that my responsible clients will not be penalized to cover costs incurred by those who do not pay on time. By signing below, you hereby authorize JC Counseling Clinic LLC to provide mental health services, either regular or emergency as maybe determined to be in the best interest of those members of my immediate family, as listed above, who are minors. This authorization shall continue and be in full force and effect until revoked in writing.

### **Please Initial**

\_\_\_\_\_ I have read and I hereby agree to JC Counseling Clinic LLC Account Responsibilities of Fees, Billing, and Payment Policy and understand that regardless of any insurance coverage I may have, I am responsible for payment on my account. I understand that if I do not pay my fees I am responsible for collections and expenses, including attorney fees of any amount owed.

## **SOCIAL MEDIA / TECHNOLOGY / E-MAIL / TEXTING**

### **Social Media and Social Media Messaging**

Please do not contact your clinician on social media messaging systems such as LinkedIn, Instagram, Twitter, or Facebook Messenger. These methods of communication are not monitored by clinicians and are not secure methods for communication. As part of professional boundaries and to maintain the therapeutic relationship clinicians will not accept follow or friend requests or similar social media invitations. Please understand that to protect your privacy any requests for contact related to social media or networking will not be confirmed or acknowledged by your clinician.

### **Email Correspondence**

JC Counseling Clinic LLC utilizes email which is not HIPAA compliant and not a secure email system. However to email or

message JC Counseling Clinic LLC please use the HIPAA Compliant messaging system in your Therapy Notes Portal. Any information exchange electronically or with the use of technology increases the risk of confidentiality breaches. No use of technology is without risk or a 100% secure and JC Counseling Clinic LLC cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchange electronically. Email communication should first go through Therapy Notes and will be used for the purpose of simplifying and expediting scheduling and or other administrative matters only. Email communication is not to take the place of in person sessions or to provide treatment services. Thus email should not be used to communicate the following personal or private information that would be best to discuss in session:

- Personal or private information that would be best to discuss in session
- Suicidal or homicidal thoughts, intent or plans
- Urgent or emergency issues
- Serious or severe side effects, concerns, or worsening symptoms

### *Text Messages*

Text messages: JC Counseling Clinic LLC's phone line is not equipped to respond to text messages, please call at 541-321-8178. Or message through Therapy Notes.

## **Teletherapy Informed Consent**

JC Counseling Clinic LLC offers teletherapy services using online video conferencing software through Therapy Notes. Telehealth is a form of psychological service provided via internet technology which can include but is not limited to mental health treatment, consultation, transfer of medical data, telephone conversations, interactive audio, interactive video, and other data communications

Receiving therapy remotely possesses certain advantages but also possesses limitations and risks. Telehealth has the same purpose and intention as in-person sessions. However, due to the nature of technology used, JC Counseling Clinic LLC is aware that telehealth may be a different experience than face-to-face treatment sessions. Clinicians utilize HIPAA compliant video conference telehealth programs and will be accessible via the TherapyNotes client portal.

### *Technology issues*

At times, online therapy may have technology disruptions and a session could be disrupted due to problems related to computer hardware, video conferencing programs or internet connectivity. If an online therapy session is interrupted, your clinician will try and restart the online session and will call you via the phone. If you are unable to be contacted by phone, your clinician will contact you via email to reschedule the remainder of your appointment or reschedule.

### *Ethics and Confidentiality of Teletherapy*

Anytime information is communicated over the internet, even in an encrypted manner; there is a risk to information security, client confidentiality and privacy. If you choose to engage in online therapy, you must carefully weigh the benefits (e.g., convenience, access to transportation, flexibility) with the risks (e.g., risks to privacy and confidentiality, diminished ability to respond to emergencies compared to visits in the office, technical difficulties). Your participation in therapy, the content of our sessions, and the information you provide during sessions are protected by legal confidentiality, and I can only release information about our work to others with your written permission. Some exceptions to confidentiality exist, as outlined on the informed consent documents included in the intake paperwork.

### *Location Identification and Emergencies*

As licensed professional counselors in the state of Oregon, clinicians are only capable of providing online therapy in Oregon. To set your expectations, clinicians will confirm your location at the beginning of each online therapy session. It is your responsibility to inform your provider if you are traveling outside of Oregon before any scheduled therapy session. If you are interested in continuing services to you temporarily while you are in another state, we will need additional time for me to contact the licensing board in the state you will be in to determine if it is ethical and appropriate for me to provide services.

To address the limited ability to respond to emergencies through online therapy, your clinician will co-create an

emergency management plan in an effort to mitigate risks. Your clinician will review your address and telephone number, identify the emergency services local to you, and identify a support person to contact in case of emergencies.

**By initialing below you are indicating that:**

- ◆ You agree that your clinician may contact the emergency services local to you and your support person if you are experiencing an emergency (e.g., plan to harm yourself or others) during online therapy sessions.
- ◆ I understand that my healthcare provider wishes me to engage in teletherapy.
- ◆ I understand that the video conferencing technology that will be used will not be the same as an in person therapy visit due to the fact that I will not be in the same room as my provider.
- ◆ I understand that teletherapy has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
- ◆ I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
- ◆ To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
- ◆ The risks, benefits and any practical alternatives of teletherapy have been explained to me in a language in which I understand.
- ◆ I agree and consent to telehealth with my clinician at JC Counseling Clinic LLC.

**Please Initial**

I understand and agree to the above information and consent to Telehealth therapy.

\_\_\_\_\_

Your signature below indicates that you have thoroughly read and understood the information presented in this document and have had an opportunity to ask questions. By signing below, I am agreeing to the JC Counseling Clinic LLC Informed Consent, Office Policies and Procedures.

---

Signature Date

**If client is a minor:**

---

Responsible Parent or Guardian Name Date