TeleHealth Services Informed Consent Form

Hello— I would like to thank you for participating in these counseling sessions. Catreace is ***faith-based***. Gabriel and Tom DO NOT identify as faith-based. If you have any questions, comments, or suggestions for these sessions, please bring it to my attention. I am a Licensed Professional Counselor (LPC #_____) with the State of South Carolina and *Georgia (for Catreace & Gabriel)*. For any reason, you need to contact the South Carolina Board of Licensed Professional Counselors to make a formal complaint; the contact information is as followed:

Board of Examiners for Licensure of Professional Counselors and Marriage and Family Therapists; State of South Carolina

P.O. Box 11329
Columbia, SC 29211-1329
Phone (803) 896-4658
Fax (803) 896-4719
www.llr.state.sc.us/POL/Counselors/

The Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
Fax (866) 888-7127
http://sos.ga.gov/plb/counselors

Benefits and Risk of Regular Counseling w/ Gabriel & Tom and Faith-Based Counseling w/ Catreace—Counseling is a growing process and ultimately amounts to what you put into it. It requires hard work and dedication from the Licensed Professional Counselor and the client(s). We are both important in this process. Although counseling creates personal growth and satisfaction in one's life, there are some risks, including stress and discomfort. It is also important to understand that during these hard times true progress can occur. **We also need to know the location where the telehealth services will take place. And implement a safety plan should you require additional services when a trained professional is not physically there with you**. Please complete the intake paperwork before the first counseling session via the portal; which is https://www.therapyportal.com/p/bakers/. Please send in a copy of your picture ID and health insurance information before the first counseling session.

Confidentiality— Although all information is confidential, there are some exceptions to the rule. I am required by law to report some topics that may be discussed in counseling. For example, I must report **abuse to a child** and **an elderly person** to the proper authorities. I am also required to release **information or notes that may be ordered by the courts** for a court hearing. And last, but not least, **harm to yourself and/or to others**, as well. Your written consent is required for services, so an electronic signature may be used. We will document this provision in the medical record.

Payment for Services— The Licensed Professional Counselor pay schedules are as follow: An initial clinical assessment is $150 per hour (video session). A 30-minute video counseling session is $75. A 45-minute video counseling session is $100. A 60-minute video counseling session is $150 and a 90-minute video session is $200. Relationship counseling (Couple's Therapy) is $100 for a 45-minute video session, $150 for 60- minute video session and $200 for 90-minute video session. A 30-minute phone consultation with the Licensed Professional Counselor is $65 at LPC's discretion. Case Management is offered for non-covered services (i.e. reports). Please ask for price list. The Licensed Professional Counselor is in-network with BlueCross BlueShield to provide video sessions.

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We require a credit card on file for payment. Additionally, we only accept in-state checks. There will be an additional $30.00 fee for returned checks.

Missed Counseling Sessions— Please read Office Policy. The client is asked to attend all scheduled video counseling sessions. And if the client must miss a scheduled appointment, it must be cancelled within 48 hours. If you fail to cancel your scheduled appointment within 48 hours of the scheduled time, you will be billed $50.

Please note when a client(s) no show or cancel without 48-hour notice 3 (three) times that BAKERS Counseling Services will send a closing notice to assist client(s) with locating a new professional counselor.

Emailing— The Licensed Professional Counselor will check his/her business email, info@bakerscounsel.com, at least once a day. Clients can email Licensed Professional Counselor, but keep in mind that emails are not confidential. The email delivery service is HIPAA compliant.

By law, Licensed Professional Counselors ARE NOT ALLOWED to have a sexual relationship with clients. It is prohibited. {*This sentence is required to be on this form by the South Carolina Board of Examiners for Licensure of Professional Counselors & Marriage and Family Therapists.*} Licensed Professional Counselors shall only have a nonsexual (platonic) relationship with all clients.

Terminating— Typically, the number of sessions depends on what your current needs are in treatment. However, the counseling sessions may terminate after _____ sessions for court-ordered sessions and/or for Employee Assistance Program (EAP) clients. If the client would like more sessions, the Licensed Professional Counselor will make arrangements for more sessions or offer a referral to another professional.

I have read, understand, and agree to the information and policies that are outlined in this informed consent form for BAKERS Counseling Services, LLC.

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1st Client Print Name

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1st Client Sign Name **Date**

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Collateral Contact w/ couple's counseling Print Name

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Collateral Contact w/ couple's counseling Sign Name **Date**

For Couples Counseling/Collateral Contact gives permission for information to be released if requested.

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Parent/Legal Guardian Print Name

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Parent/Legal Guardian Sign Name **Date**

For Individual Counseling for Minors

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Catreace S. Brown-Baker, MA, LPC, LPC/S
Thomas W. Mullins, MS, LPC (Independently Contracted)
Gabriel A. Baker, MA, LPC, NCC, CCMHC
Brittany R. Aiken, MS, LPC (Independently Contracted)

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Licensed Professional Counselor Print Name

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Licensed Professional Counselor Sign Name **Date**