

Interactions Therapy Center
939 Galena Square Drive
Galena, Illinois 61036
815-777-2850
Email: itc@interactionstherapycenter.com
Website: www.interactionstherapycenter.com

Tele-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.

I am a licensed Marriage and Family Therapist in the state of Illinois. License #166-000220
I am also a Certified Alcohol and Drug Counselor (CRADC) #29058

I founded Interactions Therapy Center as a private practice in November, 1989. I have worked as a mental health counselor in this capacity for 29 years. I have also worked as an addictions counselor, specializing in opioid dependence utilizing medication assisted treatment (Methadone and Suboxone) for 12 years. I am an Approved Supervisor for AAMFT (American Association for Marriage and Family Therapy).

My expectations of you during tele-counseling sessions:

- Avoid using mind altering substances prior to session
- Dress appropriately
- Hold the session in an appropriate and private room where there are no distractions and no one can overhear the session
- Not conduct other activities while in session, such as driving or playing on a device
- Be located within Illinois – the state in which I am licensed to practice

Confidentiality and Records

All of your protected health information is kept for a minimum of seven years.

It is my personal, professional, and legal obligation to keep all of your protected health information confidential, with some exceptions. The Notice of Privacy Practices form, which you are asked to sign, provides detailed information about how private information about your health care is protected, and under what circumstances it may be shared.

Other than the exceptions listed on the Notice of Privacy Practices form, Interactions Therapy Center and the billing company that we use will be the only people viewing your information. The billing company will only have access to demographic, insurance and billing information. 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.

We have a business associate agreement with VSee video conferencing which provides online means of our communication. VSee video chat is HIPAA compliant. It protects data privacy in that all audio/video communication is securely encrypted and transmitted from point-to-point such that even VSee does not have access to any identifiable health information that may be communicated. VSee agrees to be responsible for keeping all patient information secure and to immediately report any breach of personal health information.

Sessions in my office are provided behind a closed door. Your information is stored via _____ which is HIPAA compliant and provides a business associate agreement. _____ uses encryption. 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). My phone and computer are both password protected. Any paper with your personal information is kept in a locked cabinet behind a locked door.

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. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology you use.

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, 815-777-2850. You may leave messages on the voicemail, which is confidential.
- By email, itc@interactionstherapycenter.com

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 a mental health or substance abuse crisis, please call 911, or go to your nearest emergency room. After you have received life-saving care, contact me by phone or email. Please refer to the Management of Urgent Situations or Crises form located on the website, www.interactionstherapycenter.com.

Cost of Sessions

The fee is \$100 per 50 minute session
\$50 for a 25 minute session
\$35 for 1.5 hour group counseling session

If you are in need of additional support between sessions and choose to use telephone calls, you will be billed \$1 per minute for every minute that exceeds 10 in duration.

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

Some insurance carriers will cover distance counseling via video conferencing, within their given parameters. You are responsible for verifying your insurance benefits for tele-counseling. You are responsible to pay any copayment and deductible at the time of your counseling session. You are also responsible for any payments in which your insurance provider refuses to reimburse. You will be asked to provide a copy of your insurance card.

All major credit cards are acceptable for payment. You may pay via your client portal on www.interactionstherapycenter.com. Receipts for all of your payments will be available via your client portal under your billing tab. 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. There is a \$25 fee for missed sessions or late cancellations. I need 24 hour notice of a cancellation unless it is an emergency.

Video conferencing counseling sessions are held via VSee.com. You will receive an email invitation to join me online prior to your session. It is recommended that you sign on 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. During the initial verification please verify your identity by showing a photo ID. This protects you from another person posing as you.

Whenever there is communication that lacks face to face cues there is a risk of misunderstanding. When this happens it is important to assume that your counselor has positive regard for you, and to check out your assumptions. This will reduce any unnecessary hardship.

Distance counseling is an alternative form of counseling with certain limitations. By signing this agreement you agree that you understand that distance counseling:

- May lack 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

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 you are acknowledging that you understand and agree to the following:

- You will inform me of the location in which you will consistently be during our sessions, and will inform me if this location changes.
- You will identify on your client intake form an emergency contact person whom I am allowed to contact in the case that I believe you are at risk.
- Depending on my assessment of risk, you 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 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 know your current phone number.

If you get disconnected from a video session, end and restart the session. If you are unable to reconnect within ten minutes call me. If this happens as a result of my service and we are unable to reconnect, you will not be charged for the session. Please contact me to reschedule.

Professional Relationship

In order to maintain professional boundaries, I do not accept connections via social media.

Termination Policy

Termination of services will be mutually determined using your therapeutic goals and progress as a guide. If you drop out of counseling without notifying me, I will attempt to contact you before closing your case.

By signing below you acknowledge that you agree that you have read and understood this agreement form and agree to accept tele-counseling services by Gail Gabbert at Interactions Therapy Center.

Printed Name

Signature

Date