

Nancy Vierra, MS, MFT
Licensed Psychotherapist
nancyvmft@gmail.com

Telementalhealth Consent to Treatment

Client's Participation

The client should:

- avoid using mind-altering substances prior to a session
- dress appropriately
- hold the session in an appropriate room (not a bath or bedroom)
- be in a private location with no other person present – unless that has been discussed and agreed in advance of the session with your provider
- do not conduct other activities (such as driving) while in session
- do not bring weapons of any kind to session
- do not record sessions without first obtaining the provider's approval
- be located in the state of California (client should inform the clinician of their location)

Confidentiality and Records

All of your Protected Health Information (PHI), is kept for the legal minimum of 7 years for adults. For minor's the records are kept for longer.

Protected Health Information is kept confidential with some exceptions. The Notice of Privacy Practices form provides detailed information about how private information about your health care is protected and under what conditions it may be shared.

Other than the exceptions listed in the Notice of Privacy Practices form, Nancy Vierra, MFT will be the only person viewing your information.

Limitations of Distance Counseling

Distance Counseling:

- May lack some visual or audio cues;
- May have disruptions in the service and quality of the technology used; and
- May not be appropriate if you are having a crisis, acute psychosis, suicidal or homicidal thoughts.

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When using email or texting there may be a delay in receiving your message or the possibility of my not receiving the message at all.

Emergency Management for Distance Counseling

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

- You 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, an emergency contact 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 further, if I deem necessary, call 911 and/or transport you to the hospital. In addition, I may assess, and therefore require, that you create a safe environment 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), have this number in writing.

If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes, call me. If I do not hear from you within ten minutes, you agree that I can call you on the phone number you provide on the client information form. (This will be your contact number unless you make a specific request to handle a call via another number in writing and prior to our appointment.) If a disconnection results from my phone or phone services and we are not able to reconnect to continue the session, you will not be charged for the portion of the appointment that did not occur.

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By not cancelling your appointment 36-hours in advance of the session, as stated in the cancellation policy, you are agreeing to the full session fee.

Cancellation Policy

If you are trying to reach your therapist the same day as the session, text is the preferred method. Not all same day voice or text messages will be received on the same day. Please note that cell phones cannot be guaranteed as confidential.

If Nancy Vierra, MS, MFT is unable to attend your therapy session (outside of scheduled vacations) because of emergency or illness, every attempt will be made to contact you in advance on the phone number and/or email you have provided.

If you are sick or experiencing any symptoms of illness, we ask that you conduct your session via computer or phone. If your therapist is ill, she will extend the same consideration.

Client Cancellation Procedures and Fees

Short-notice Cancellation: Appointment cancellations made less than 36-hours before the scheduled appointment will be charged the full agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment, you will be charged the full fee for the session. You are responsible for keeping track and attending your appointments.

Ongoing Cancellations or Multiple No-Shows

It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. Should you miss multiple appointments the time and day cannot continue to be reserved.

If you find that your schedule is no longer able to accommodate the session time reserved for you, please bring it to my attention, I will do my very best to find an alternative solution.

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It should be noted that multiple reschedules, payment issues or missed appointments will be discussed with you. If, after discussing other options with you, your attendance has not changed, it may be appropriate to terminate therapy or place it on hold until your schedule allows your continued participation.

By signing below, you acknowledge that you have read, understand the contents and agree to abide by the terms described here in the Telementalhealth Consent to Treatment. You agree to participate in psychotherapy with Nancy Vierra, MS, MFT.

Client Name: _____

Client Signature: _____

Date: _____

If you are the parent, custodial parent or legal guardian for a minor, please list their name, print and sign below.

Minor Name: _____

Parent/Custodial Parent/Legal Guardian Name(s):
(please print) _____

Parent/Custodial Parent/Legal Guardian Signature(s):

Date: _____