



*Riverstone Counseling, LLC*

**Insurance and Billing Information**

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

OK to leave messages? \_\_\_\_\_ email: \_\_\_\_\_

Parent/ Guardian name (if minor) \_\_\_\_\_

Insured's name: \_\_\_\_\_

Insured DOB: \_\_\_\_\_ Insured Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_

Group#: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Group#: \_\_\_\_\_ Phone: \_\_\_\_\_

EAP: \_\_\_\_\_ Yes \_\_\_\_\_ No # Sessions Approved: \_\_\_\_\_

EAP Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EAP Authorization number: \_\_\_\_\_

Private Pay: \_\_\_\_\_ Yes \_\_\_\_\_ No Rate/ 50 Minute session \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referral Source: \_\_\_\_\_



*Riverstone Counseling, LLC*

**Billing Policy & Financial Agreement Fee Schedule**

Clinic rates are as follows: Intake and Evaluation \$180 per 60 minutes, 50 - 60 minute sessions are \$165 per hour. Rates subject to change with 30 day notice.

Self-Pay Clients: Self-pay clients will be charged at a rate of \$135 per hour (this is a \$30 discount if paid at the time of service by either cash, check or credit card.) All fees not paid in full the same day will be billed at the regular session rate of \$165. You may have a credit card agreement on file to pay the balance in full every session. Any client who has a 3<sup>rd</sup> party payor paying their fees will be **required** to have a credit card on file.

Late Fees/ Collection: Any balance left unpaid beyond 30 days of statement mailing is subject to a 1% per month late payment charge. After 90 days, a notice will be sent to inform you your count will be sent to collections. In the event that collection efforts become necessary to collect on my account, I agree to pay all costs including collection fees and attorney's fees. Returned checks for insufficient funds will incur a fee of \$50.

**Initial Late Fees/ Collection Policy:** \_\_\_\_\_

Insurance Clients: **Riverstone Counseling, LLC** is an in network provider for some insurance panels. It is the client's responsibility to verify provider is in their plan/ network and all the associated fees/ deductibles for individual plan. All co-pay and deductible amounts are due on the day services are rendered. Coinsurance amounts will become your responsibility after our office receives an explanation of payment from the insurance company. **Financial responsibility is ultimately yours in the case of a lapse in coverage, not meeting deductible, or any insurance denial reason, due to this financial agreement between you the client and Riverstone Counseling, LLC.**

**Cancellation Policy**

If you need to cancel or reschedule an appointment call your primary counselor at: 608-408-1309, at least 24 hours prior to the appointment. If you do not provide a 24 hour notice or no-show for an appointment, you will be charged \$50. No Show/Late Cancel fees are the client or responsible parties' responsibility and must be paid within 30 days. Insurance and EAP's do not cover no-show fees.

I have read and understand the above payment policies.

Print Client Name: \_\_\_\_\_

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

3<sup>rd</sup> Party Payor Name: \_\_\_\_\_

3<sup>rd</sup> Party Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Riverstone Counseling, LLC*

**Credit/Debit Card Authorization Agreement**

Client Name / Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

Your signature authorizes Riverstone Counseling, LLC to bill the credit card listed below. Three situations may apply to credit/debit card users. 1) Recommended for self-pay clients that prefer to pay the entire balance in full every session using their credit/debit card. 2) For insurance deductibles and copays, cards can be charged one time per month to pay full amount. 3) Clients may request a payment plan that will bill a flat amount every month until the bill is paid in full.

For changes to existing credit cards on file, please call billing at 608-697-8530. After services are discontinued and account balance(s) are paid in full, this agreement will become null and void.

**Type of Credit Card: MasterCard/Visa/Discover**

*(Circle One)*

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ - \_\_\_\_

3-digit Security Code: \_\_\_\_\_

**Name and Address of Credit Card Holder:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Client:    self    parent    spouse    other

Signature on File: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one of the boxes below:

\_\_\_ For Self Pay clients: I am opting for payment to be made at the time of service. \$ \_\_\_\_\_

\_\_\_ For Insurance Deductibles and Copays: I am opting for payments in full every month.

\_\_\_ I am opting for a flat amount to be billed every month until the bill is paid in full.

Note amount: \$ \_\_\_\_\_



## **Consent to Treatment**

Riverstone Counseling, LLC wants you to be aware of your rights and responsibilities as a patient/client of our clinic. We ask for your INFORMED CONSENT to receive treatment. A copy of the *Client Rights and Grievances* appears in our waiting room and you have been given a copy of the *Client Rights and Grievances* to take with you.

Please read this. In addition, please read the following general information about the psychotherapy process.

### **CONSENT TO TREATMENT**

1. The benefits to psychotherapy are to help alleviate the problems and symptoms that you present. As a client you will be involved in the formulation and evaluation of your treatment plan through the therapy process.
2. Psychotherapy is conducted in a professional and appropriate manner between psychotherapist and patient/client talking about the presenting problem.
3. If there is any expected side effects from psychotherapy (or medication when that is a consideration) they will be discussed with you.
4. The psychotherapist will suggest alternative treatment methods and will make referrals to other psychotherapists when appropriate or necessary.
5. The possible consequences of not receiving psychotherapy may be discussed.
6. What you say to your therapist, as well as any case notes or other records, are confidential and generally will not be shared with others unless you provide written consent. However, there are exceptions to this:
  1. Sound ethical treatment as well as state mental health policy requires periodic review of psychotherapy performed by your therapist. The review will be done by other licensed professional counselors in consultation with Riverstone Counseling, LLC.
  2. Clinical staff members at **Riverstone Counseling** are **mandated reporters**. According to state statutes, IF they receive information leading them to suspect ANY of the following, it will need to be reported to the necessary individuals...
    - A consumer is at imminent risk of harming oneself
    - A consumer is at imminent risk of harming someone else
    - A minor has been, is being, OR is suspected of being abused OR neglected



## *Riverstone Counseling, LLC*

3. Clinical staff members at **Riverstone Counseling** have the **duty to warn**. According to state statutes, IF they receive information leading them to suspect ANY of the following, the necessary individuals will need to be warned...
  - A consumer is at imminent risk of harming someone else
  - A consumer is at imminent risk of operating a vehicle under the influence of alcohol &/OR drugs (including prescription medications ONLY IF the side-effects put the consumer at risk of harming themselves &/OR others by operating a vehicle)
7. You may **provide written permission** to a clinical staff member at **Riverstone Counseling, LLC** to exchange information with other individuals &/OR agencies.
8. Clinical staff at **Riverstone Counseling, LLC** communicate with you and other agencies (as you consent) through the use of **various forms of technology**, including telephone (LAN line & cellular), U.S. mail, facsimile, & email. At times, first & last names, & other potentially identifying information may be included with the transmission of such information.
9. Through participation in **Riverstone Counseling, LLC** programming, individuals may have contact with other consumers of such programming. We ask **ALL individuals**, including consumers, to **respect & protect** the confidentiality of **ALL other consumers** of **Riverstone Counseling, LLC** programming.

### CLIENT RESPONSIBILITIES

1. The client will devote time and energy to therapy. The client will follow through with treatment recommendations. This commitment strengthens your chances of reaching the goals of treatment that you and your therapist develop.
2. Refrain from physical or other types of abusive behavior to yourself, to others or to any property.
3. Be honest regarding your thoughts and feelings about your treatment.
4. Keep appointments made. Cancellations with less than 24 hour notice will be charged to your account.
5. Stay current with your bill. Full payment is expected at time of service.



*Riverstone Counseling, LLC*

INFORMED CONSENT I have read the above statements regarding my rights and responsibilities. I hereby give my consent to be assessed and treated by this clinic. I have discussed any concerns I might have about the above statements.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## *Riverstone Counseling, LLC*

### **Notice of Privacy Practices**

PROTECTED HEALTH INFORMATION AS IT RELATES TO  
MENTAL HEALTH SERVICES PROVIDED BY

*Riverstone Counseling, LLC*

5900 Monona Dr., Suite 311  
Monona, WI 53716

**Effective:** April 14, 2003

This notice describes how health information about you may be used & disclosed & how you can get access to this information. Please review it carefully.

Riverstone Counseling, LLC (ALSO referred to in this document as “Riverstone”) is committed to protecting the privacy of health information about you & the services you receive at Riverstone. Your privacy rights & our responsibilities are governed under provisions of State & Federal Law, including but NOT limited to the following...

- Section 51.30, Wisconsin Statutes
- HFS 92, Wisconsin Administrative Code
- 42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol & Drug Abuse Patient Records
- 45 Code of Federal Regulations, parts 160 & 164, Health Insurance Portability/Accountability Act of 1996 (HIPAA)

Riverstone is required by law to do the following...

- Maintain the privacy of your health information
- Provide you with this notice of our duties & practices with respect to you health information
- Abide by the terms of this notice

In general, Riverstone must obtain your written consent before giving anyone outside of Riverstone information that identifies you as someone who has applied for OR received services at Riverstone, OR before disclosing ANY personally identifiable information from your treatment record. You may revoke ANY such authorization at ANY time, except to the extent that information has already been shared. This can be done by giving written notice to Riverstone.

The following page lists exceptions in which information about you may be disclosed without your consent. In ALL cases, with OR without consent, information given will be limited to that information needed to meet the purpose for the disclosure &/OR to the extent provided for by law.

### **USES & DISCLOSURES REQUIRED OR PERMITTED WITHOUT YOUR CONSENT...**

#### **WITHIN RIVERSTONE – WITHOUT CONSENT...**

Program assistants may need access to information to send you an appointment reminder OR a description of new services, management & executive staff may access your health information for purposes of evaluating services OR the performance of your health care provider, etc.



## *Riverstone Counseling, LLC*

### **OUTSIDE RIVERSTONE – WITHOUT CONSENT...**

#### **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY...**

As required OR permitted by law & standards of ethical conduct, Riverstone may release your health information to the proper authorities IF we believe, in good faith, such release is necessary to prevent OR minimize a serious & approaching threat to your health OR safety, OR to the health OR safety of the public. Examples might include reporting of child abuse, a threat made to harm a specific individual, sharing of information with physicians in a hospital emergency room, etc.

#### **BUSINESS ASSOCIATES...**

Certain services (for example, legal services, etc.) are performed through contract with outside persons OR organizations, known as "Business Associates." Your health information may be shared with one of these business associates, as it is necessary to the service they provide for us. The Rainbow Project, Inc. signs an agreement with these business associates that obligates them to appropriately safeguard privacy of the information.

#### **FOR PAYMENT...**

Riverstone may need to submit a bill identifying you, your diagnosis & treatment provided to an insurer OR other agency paying for your mental health services (for example, Medicare OR Medicaid, grant funders, private insurance, etc.).

#### **HEALTH SYSTEM OVERSIGHT ACTIVITIES...**

Certain information may be shared with government agencies that provide funding to OR oversight of Riverstone services. Examples of such agencies include the Wisconsin Department of Health & Family Services & the Dane County Department of Human Services. Purposes for disclosing the information might include service coordination, financial OR program audits, program certification, death investigation, etc.

#### **JUDICIAL PROCEEDINGS...**

Riverstone may disclose information in response to a specific legal proceeding, court order OR other legal process, as stipulated by law.

#### **CRIME ON PREMISES OR AGAINST PROGRAM PERSONNEL...**

In certain circumstances, Riverstone may disclose limited information to law enforcement officers when a consumer commits OR threatens to commit a crime at ANY Riverstone facility OR against Riverstone staff.

#### **FAMILY MEMBERS...**

Limited information may be shared with your spouse, parent, adult child OR sibling, but ONLY IF Riverstone treatment staff have verified the family member is directly involved in providing OR monitoring your treatment.

### **YOUR HEALTH INFORMATION RIGHTS...**

You have the right to the following...

#### **RECEIVE CONFIDENTIAL COMMUNICATIONS...**

You have the right to request that Riverstone communicate with you by alternative means OR at an alternative location. For example, you may ask Riverstone staff to telephone you at work rather than at home. Riverstone staff will try to accommodate reasonable requests.

#### **ACCESS YOUR TREATMENT RECORD...**

You have the right to inspect (within one working day) & obtain (within five working days) a copy of your treatment record, except for specific documents where access is prohibited by law. This information will be provided at no cost to you for the first copy. Requests for additional copies may result in a customary fee to cover the cost of duplication.





## *Riverstone Counseling, LLC*

### **AMEND YOUR TREATMENT RECORD...**

You have the right to request an amendment to your treatment record IF you believe information in the record is incorrect OR incomplete. You may submit a written request to Riverstone's Director, specifying the information you would like to have changed & the reason for the change. Your request will be granted OR denied by the Director within 30-days. You will receive either a copy of the information as amended in your record, OR a written explanation of why the request was denied. IF the request is denied, you have the right to insert a statement in the record disputing the accuracy OR completeness of the information which was NOT changed. This statement will become part of your treatment record.

### **REQUEST RESTRICTIONS...**

You have the right to request restrictions on certain uses & disclosures of your health information for payment of services OR Riverstone service related operations. Riverstone is NOT obligated to agree to your request, but will give every reasonable request careful consideration. For example, IF your neighbor works at Riverstone as a transcriptionist, Riverstone may be able to have someone else type ANY information dictated by a Clinician for your treatment record.

### **OBTAIN AN ACCOUNTING OF DISCLOSURES...**

You have the right to an accounting of disclosures of your health information made by Riverstone. This accounting will list the date of each disclosure, a brief description of information disclosed, & the reason for disclosure. The first accounting in ANY 12-month period is free. You may be charged a reasonable fee for ANY additional accounting requested by you within the same 12-month period.

Request a Paper Copy of this Notice. IF you received this "**Notice of Privacy Practices**" electronically, you may request Riverstone. provide you with a paper copy.

### **COMPLAINTS...**

IF you believe your privacy rights have been violated, you may file a complaint by contacting The Riverstone's's Director at (618) 408-1309. You may file a complaint with the Secretary of the United States Department of Health & Human Services in Washington D.C., in writing, within 180-days of the violation. There will be no retaliation against you for filing a complaint.

### **FOR FURTHER INFORMATION ABOUT THIS NOTICE...**

Contact...

Christen Brockner, Director  
Riverstone Counseling, LLC  
5900 Monona Dr., Suite 313; Monona, WI 53716  
Telephone: (618) 408-1309

Riverstone must comply with the provisions of this notice, although Riverstone reserves the right to change their privacy practices & the terms of the notice & to make the revised notice effective for ALL protected health information maintained by Riverstone. Riverstone will promptly revise & distribute its notice, during a consumer contact with Riverstone, OR by U.S. mail, whenever a substantial change in ANY of its privacy practices is made.



*Riverstone Counseling, LLC*

**Notice of Privacy Practices**

I have received / declined (please circle one) a notice of the Privacy Practices for **Riverstone Counseling, LLC**.

Print Client Name \_\_\_\_\_

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

Print Guardian Name \_\_\_\_\_

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

Therapist Name: Christen Brockner, LPC

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



*Riverstone Counseling, LLC*

**Authorization for Release of Information**

Christen Brockner from Riverstone Counseling, LLC has permission to:  
\_\_\_\_ release to \_\_\_\_ obtain from \_\_\_\_ exchange with (check one):

Name of individual, agency, program: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone / Fax: \_\_\_\_\_

Information regarding:

\_\_\_\_\_  
Full Name of Client DOB

I understand that the **purpose or need for release of this information is to aid in providing and coordinating assessment, treatment, and after care services.** I have checked specific information being requested:

\_\_\_\_ Psychological evaluations    \_\_\_\_ Psychiatric records    \_\_\_\_ Personal History  
\_\_\_\_ Counseling records    \_\_\_\_ Medical records    \_\_\_\_ Other \_\_\_\_\_

I understand that my records are protected under Wisconsin State Statues governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in State Statues.

I understand that my consent may be revoked by me at any time, except to the extent that action has already been taken. This consent expires one year from this date unless expressly revoked earlier. I hereby release you and Riverstone Counseling, LLC from all legal responsibility or liability that may arise from this act. I may cancel this authorization in writing in one of the following three ways:

- Sign and date a revocation form. This form is available from your therapist.
- Write, sign, and date a letter to your therapist to cancel the authorization.
- Sign, date and write "CANCEL" on this original form.

Once your therapist gives out information, he or she has no control over it. The recipient might re-release it. Privacy laws may no longer protect your information.

\_\_\_\_\_  
Client signature / Parent or Guardian Signature Date

\_\_\_\_\_  
Witness / Therapist Date



## **SOCIAL MEDIA POLICY**

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

### **Friending**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I keep a Facebook Page for my professional practice to allow people to share my posts and practice updates with other Facebook users. You are welcome to view my Facebook Page and read or share articles posted there, but I do not accept clients as Fans of this Page. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans to know that they will not find client names on that list.

Note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are more than welcome to do this.

My primary concern is your privacy.

My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

### **Interacting**

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at [cbrockner@riverstonecounseling.net](mailto:cbrockner@riverstonecounseling.net) is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.



## Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

## Business Review Sites

You may find my practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

## Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from my office or if you have a passive LBS app enabled on your phone.

## Email

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails



*Riverstone Counseling, LLC*

are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Conclusion

Thank you for taking the time to review my Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

---

Client signature / Parent or Guardian Signature

Date

---

Witness / Therapist

Date



## **TELEMENTAL HEALTH CONSENT**

**Telemental Health** is the practice of mental health when patient care, treatment or services are provided through the use of medical/mental health information exchanged from one site to another via electronic communications.

Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

**Riverstone Counseling, LLC typically provides telemental health services using the following formats:**

...

- You will need access to Internet service and technological tools needed to use the above-listed tools in order to engage in telemental health work with your provider.
- If you have any questions or concerns about the above tools, please address them directly to your provider so you can discuss their risks, benefits, and specific application to your treatment.

## **BENEFITS AND RISKS OF TELEMENTAL HEALTH**

**Receiving services via telemental health allows you to:**

- Receive services at times or in places where the service may not otherwise be available.
- Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
- Receive services when you are unable to travel to the service provider’s office.
- The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

**Receiving services via telemental health has the following risks:**

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider’s ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

- Internet connections and cloud services could cease working or become too unstable to use.



## *Riverstone Counseling, LLC*

- Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.
- Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. Your provider may also be unable to help you in-person.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risks, sometimes in collaboration with you, as your relationship progresses.

### **ASSESSING TELEMENTAL HEALTH’S GOODNESS OF FIT**

Although it is well validated by research, service delivery via telemental health is not a good fit for every person. Riverstone Counseling, LLC will continuously assess if working via telemental health is appropriate for your case. If it is not appropriate, Riverstone Counseling, LLC will help you find in-person providers with whom to continue services.

Please talk to your provider if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services.

**Raising your questions or concerns will not, by itself, result in termination of services.** Bringing your concerns to your provider is often a part of the process.

You also have a right to stop receiving services by telemental health at any time without prejudice. In-person and services are available and if you are reasonably able to access the in-person services, you will not be prevented from accessing those services if you choose to stop using telemental health.

### **YOUR TELEMENTAL HEALTH ENVIRONMENT**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

### **OUR COMMUNICATION PLAN**

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, your provider has the following policies regarding communications:





## *Riverstone Counseling, LLC*

- The best way to contact your provider between sessions is:  
Phone: (618) 408-1309  
EMail: [cbrockner@riverstonecounseling.net](mailto:cbrockner@riverstonecounseling.net)
- Your provider will work to respond to your messages within 48 hours or two working business days. Please note your provider's part-time hours. Your provider may not respond at all on weekends or holidays. Your provider may also respond sooner than stated in this policy. That does not mean they will always respond that quickly.

Please note that all textual messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record.

### **OUR SAFETY AND EMERGENCY PLAN**

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider.

Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies.

Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

### **YOUR SECURITY AND PRIVACY**

Except where otherwise noted, your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purpose of protecting your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

### **RECORDINGS**

Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care. Your provider will not record video or audio sessions. If a situation occurs where your provider would record a session, your consent will be sought prior to any recording.



*Riverstone Counseling, LLC*

INFORMED CONSENT I have read the above statements regarding my rights and responsibilities. I hereby give my consent to engage in telemental health services with Riverstone Counseling, LLC. I have discussed any concerns I might have about the above statements.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Riverstone Counseling, LLC*

---