

CLIENT NAME: \_\_\_\_\_ Date \_\_\_\_\_

PARENT NAME (IF APPLICABLE): \_\_\_\_\_

**INFORMED CONSENT OF TELEHEALTH-COUNSELING SERVICES** Thank you for choosing Cynthia N. Yellen, PLLC for your counseling needs. We understand that agreeing to counseling or testing is a big step for many people, and it is important for us to help create a healthy /PROFESSIONAL relationship for the agreed goals. After the first session, following sessions may be up to 53 mins. & EAP sessions are 45 mins ALL EAP client agreements for short term counseling are in effect and followed by additional 3<sup>rd</sup> party regulations and terms, except if you miss an appointment, you are responsible financially. Telehealth is available through secure platforms. It is your responsibility to ensure your technology is secure.

**IDENTIFYING INFORMATION** - Cynthia N. Yellen PLLC also does business under the name – CHATT. The physical business is located in Alexandria Virginia 22310. Our service provides Psychotherapy, EMDR, EAP and Mediation. You can leave a message using voice or text at 703-828-4267, & also email at, [lcswcynthia@chattcounseling.com](mailto:lcswcynthia@chattcounseling.com) NOTE nonsecure messages can be sent to: [lcswcynthia@gmail.com](mailto:lcswcynthia@gmail.com). Messages are returned Monday through Thursday via email or text or phone. Messages are retrieved at the end of the day and reviewed. We will do our best to provide a return response within 48 hrs. except on weekends and holidays. In the case of a call falling on Friday, WKEND OR HOLIDAY or Monday, expect a call Tuesday if not sooner. Please ensure email and text service is available and in working order and checked regularly. **Business hours administrative operations are Monday through Friday, from 11 am until 2 pm;** **Client appointments are Monday through Thursday ONLY and offered from 4 pm ending @ 8 pm.** For Emergency call 911

**Missed Sessions**

- If you miss 3 office visits in a row you will be removed from the schedule and may need to call for same day or available visits during that current week
- A \$50 missed apt fee will be charged FOR each visit missed that is not a 24 hr. notice or is not an emergency.(proof may be required) EAP clients lose the appointment.
- We may attempt to contact you 3 times. If no contact is made, we make no further efforts as we respect your privacy and may close the case anywhere between 1-3 months.

**Financial Responsibility**

- You are responsible for knowing your co pay or co ins. If you do not know your co insurance, you are charged the contracted rate at the time of service.
- Payment is required at each session
- Returned checks or insufficient funds in an account charged, are subject to all fees charged for processing as well as the original payment agreement
- Late payment over 30 days are subject to \$1 a day past the due date
- Providing complicated service to attain payment owed is charged at \$50 an hour. This includes but not limited to time spent contacting your insurance company, or submitting insurance paperwork beyond the normal business practices provided to all clients.

**Report Fees**

- Fees are charged for requested reports. \$30 for processing a report, and \$30 for each additional page. Reports have identifying information and your verbal or written or electronic email consent is needed to process the report and deliver it through electronic, fax or USPS.

**CONFIDENTIALITY** - What you talk/text about during a session is confidential. In almost all cases, personal identifying information will not be revealed to anyone without your written consent, however unidentifiable clinical information is used for treatment planning w/in professional consultation parameters to ensure best practices. Some text mediums are not secure and you take the risk of breach if you are not communicating on a secure line. In addition, due to state law there are some exceptions which are:

- Threats to harm or kill yourself or another person, or show aggressive behavior in session toward anyone, or self-reports of alleged abuse, we are legally and ethically required to report the information. Our actions may include informing the threatened party, requesting hospitalization, notifying family or support group, or alerting the authorities or advising you to make the report to the authorities or the courts.
- As mandated reporters, if we know or suspect abuse or neglect of a child, a disabled person, or an elderly person we are required to inform the Department of Children & Families.
- If you name us in a lawsuit, the law says that we may be obligated to reveal information that would otherwise be confidential. If we are ordered by a court to share tests or records, we may do so.
- If you become aggressive in sessions, you will be asked to leave or make other arrangements. If any one feels unsafe police will be notified.
- If you have or will commit a crime CHATT staff may be obligated to inform the authorities
- Please be aware that most insurance companies require the disclosure of personal information and diagnosis in order to authorize each treatment visit. **I authorize Cynthia N. Yellen PLLC to release information to my insurance carrier for payment of services.**

If you have read and understood the above contract and agree to terms of service visits\*\***PLEASE SIGN BELOW**

**EMERGENCY/CRISIS SITUATIONS:** If you have a crisis that requires immediate attention please call 911. If you have a life-threatening emergency, please go to a hospital emergency room or call 911. CHATT is not an emergency response facility.

**CONSENT FOR COUNSELING:** I have read & understood provided information on all forms & voluntarily agree to participate in counseling, (or consent of my child) **I have received the 4-pg HIPAA notice, telehealth forms: as needed- EMDR, mediation, supervision forms.**

**Signature of patient (parent/guardian):** \_\_\_\_\_ **Date** \_\_\_\_\_  
(FORM72020)