



aurora counseling
for healing and change, llc

Tele-mental Health COUNSELING AGREEMENT

Aurora Counseling for healing and change, llc
333 Alcovy Street Suite 6
Tel: 678-635-8127
Email: auroracounseling@tsecuremail.com
Website: www.auroracounselinglcsw.com

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.

Credentials

I am a licensed clinical social worker in the state of Georgia (CSW0004209) and I obtained my Masters degree at Valdosta State University (VSU) in their accredited Council on Social Work Education (CSWE) program. In school I learned about both clinical and community practice to develop the requisite skills to practice in many settings such as schools, hospitals, mental health, residential treatment, child welfare, forensic, geriatric, hospice, and many others. While attending VSU I served as President of the Master of Social Work Class 2005-2006 and served as Vice President of the Phi Alpha Social Work Honor Society from 2004-2006. I have been in good standings as a member of the National Association of Social Workers since 2004. My clinical training has spanned a variety of settings such as an inpatient psychiatric hospital, intensive outpatient hospital, community mental health, school social work, and writing clinical recommendations and assessments for juvenile court.

Initial _____



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After completing my clinical training, I relocated to Athens Georgia and I have been treating individuals, families, and couples in private practice with a wide variety of presenting problems and varying clinical needs.

I am tendered as an expert witness in child development and domestic violence in the Ocmulgee Circuit – Eighth Judicial District. In the past I have served as a television consultant on WMAZ in Macon Georgia in a segment called Your Child; currently I write a monthly column for the Walton County Tribune. I am also a part time faculty member with Valdosta State University's School of Social Work.

Therapy style

I practice humanistic therapy in which a respectful relationship is most important. A safe environment is essential to exploring issues that can be difficult to address, and I dedicate myself to empathic and accurate listening in our collaborative work. I have a strong belief in the value of each individual and I practice from the conviction that each person inherently has the resources and desire to live a healthy and fulfilling life. I am committed to helping my clients achieve positive growth in line with the goals that they have for therapy.

Painful emotional experiences can create distorted and damaging self-perceptions. I see therapy as an opportunity to modify these messages and establish healthier life patterns. Current distress offers the chance to develop healthier coping skills and a more accurate self-understanding that enhance future experiences and relationships.

I believe that we are responsible for our lives, which can be both empowering and frightening. Life is complex and unpredictable, constantly offering chances to grow and to learn. We always have choices in life, and therapy is an opportunity to become more intentional and thoughtful in the choices that we make.

My approach is integrative, which means I bring knowledge from various modalities in which I've been trained such as family systems, existential, experiential, psychodynamic, and cognitive-behavioral; but most of all, I am humanistic and relationship-oriented. I think that the counseling relationship is most important in which one person is connecting to another. It's important to establish a genuine relationship, and you should feel supported and understood, as well as challenged in a safe environment.



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Client's participation - Expectations of the client:

The client should –

- ▶ Avoid using mind altering substances prior to session
- ▶ Dress appropriately
- ▶ Hold the session in an appropriate room (not a bedroom) when attending a web-based session
- ▶ Do not have anyone else in the room unless you first discuss it with your counselor
- ▶ Not conduct other activities while in session, such as driving
- ▶ Not bring any weapons of any kind to session (based upon clinical judgment)
- ▶ Do not record sessions
- ▶ **Be** located within the states in which the clinician is licensed to practice (client should inform the clinician of their location)

Confidentiality and Records

All of your PHI, protected health information, is kept for a minimum of five years.

It is my personal, professional, and legal obligation to keep all of your protected health information (PHI) confidential, with some exceptions. The Notice of Privacy Practices form on my website (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, I, Angie M. Eells and the billing company that I use, Therasoft will be the only people viewing your information. On occasion my office staff will have access to your medical information for administrative purposes. Anyone working with Aurora Counseling for healing and change, llc is educated on HIPPA and signs a confidentiality contract which is kept in their file.

I have a business associate agreement with, Therasoft, meaning that they have safety measures in place to keep your PHI secure and confidential, and they are regulated by the government.

In the event of my death, retirement, or incapacity, your records will be given to the following Anne Haynie (office manager) Stacey Kitchens, LPC. This records custodian will be responsible for responding to any request of records you may have, and for safely destroying your records after the legal time frames for storing them have been satisfied. They will also



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contact you at the time of transfer of records. If you are a current client, the same records custodian will assist in providing appropriate referrals for further treatment.

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.

The following information explains how I handle and store your PHI while you are receiving counseling if you chose any of the following counseling modalities. Although it is not guaranteed that these methods will prevent 100% of confidentiality breaches, they are designed with the intention of supporting the confidentiality of all clinical communications:

Face-to-face:

Face-to-face sessions in my office are provided behind a closed door.

Your information is stored via Therasoft, which is HIPAA compliant and provides a BAA. Aurora Counseling for Healing and Change website and client portal uses point-to-point, federal approved, encryption.

The only information of yours that is possibly stored on any electronic device of mine is your phone number (on my phone), and your email address (on my computer), if you have emailed me.

My phone and computer are both password protected.

Any paper with your personal information is kept in a locked cabinet behind a locked door.

Email:

All email correspondences will be done through auroracounseling@tsecuremail.com.

auroracounseling@tsecuremail.com stores our email correspondence, but is it encrypted.

Video Conferencing:

All video conferencing correspondences will be done through Therasoft Video Conferencing, which is encrypted to the federal standard.

Texting:

It is our office policy to refrain from any use of texting. This is not an appropriate form of communication. **Texts will not be responded to.**



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Client's Responsibilities / Client's Protection

If you use any other methods of electronic communication with me, Angie M. Eells, there is a reasonable chance that a third party may be able to intercept that communication.

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, or any other device, that you know is safe, and to follow the safety measures that are detailed on the "Privacy Measures" document provided on www.auroracounselinglcsw.com

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

Please contact my office with any questions that you may have on privacy measures.

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:

- ▶ Call my office manager Anne Haynie at 352-735-8741, Mon-Thur 9-4pm and if you get her voice mail, you must leave a message.
- ▶ By phone 678-635-8127. You may leave messages on the voicemail, which is confidential. You must leave a message to get a return call.

Please refrain from making contact with me using any social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

Please refrain from creating reviews of my services online. Online reviews are for the public to see and therefore they would put your confidentiality at risk.

Any text based communication may become part of your record.

Response Time

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



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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 an emergency, including a mental health crisis, please call 911, Lifeline 1-800-273-8255, or go to your nearest emergency room.

If you need to contact me about an emergency, the best method is:

- ▶ By phone 678-635-8127, or my office manager directly M-Thur 9-4 at 352-735-8741
- ▶ If you cannot reach me by phone, please leave a voicemail.

Couples Counseling

I currently do not offer couples counseling but have a therapist in my office who does.

Cost of Sessions

The cost of your session will be \$130 for an initial appointment (this includes walking you through the process) and \$110 for each 60 min session.

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

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 exceed 5 in duration. Billed to the card you are required to have on file.

Email counseling is billed at **\$40 per email** that you send with a maximum of 300 words per email. You will get one email response per email that you send and billed immediately with card on file before you will receive a reply. Email is not to be utilized for life threatening emergencies.

Most insurance providers will not cover distance counseling. Some insurance carriers will cover distance counseling via video conferencing, within their given parameters. **You are responsible**



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for calling your insurance company to determine if you are covered for tele mental health as an option and then you must provide documentation to our office before being seen.

You are responsible to pay any copayment and/or deductible at the time of your counseling session. You are also responsible for any payments in which your insurance provider refuses to reimburse.

In cases where I bill your insurance provider, I use Therasoft, Inc.

I have a BAA with them and they are HIPAA compliant, meaning they have measures in place to keep your PHI secure and confidential. If your insurance provider is billed you will likely get statements via mail by Therasoft, Inc.

Cash, debit, and all major credit cards are acceptable for payment. You may pay via your client portal on MyTherapist), which uses (payment options). Receipts for all of your payments will be available via your client portal under your billing tab.

The receipt of payment may also be used as a statement for insurance if applicable to you. If you pay by credit card you might receive a receipt via email, and it will likely show up on your billing statement.

By not canceling your appointment as stated in the cancellation policy, you are agreeing to the price of your session as stated on www.auroracounselingllcsw.com

The cost for documentation requested, and appearing in court depends on the specific request.

Cancellation Policy

You agree to be financially responsible for the full amount of the session without giving our office a 24 hour notice.

In order for therapy to be effective, you have to show up. That may seem obvious, but in the press of daily life, with all the demands on your time, you may lose sight of this. A no show or late cancelled appointment delays our work and takes away from other clients.

When you must cancel, please give me at least 24 hour notice. I am rarely able to fill a cancelled session unless I know at least 24 hours in advance. If you are unable to provide at least 24 hour notice when you cancel, you will be charged the full fee for your missed session.

Structure of Sessions



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I, Angie M Eells, offer counseling via face-to-face, video conferencing or phone. Distance counseling is considered any of those methods other than face-to-face. If your counseling need is appropriate for distance counseling, you can either solely receive counseling via one medium, or any combination of them.

Video conferencing counseling sessions are held via Mytherapist. It is recommended that you sign on to your Mytherapist account 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.

Email sessions are provided via Therasoft Client Portal You simply email me, and within two days you will get a response from me. Since you are billed per email that you send (max of 300 words per email), it is recommended that you spend time thinking about your emails prior to sending them.

If sessions are requested via phone or email you will have to have a brief interaction either face-to-face, or via video conferencing in order to verify your identity by matching you with your picture ID. During this initial verification you will choose a passphrase or number which you will use for all future sessions. This process protects you from another person posing as you.

Whenever there is communication that lacks visual or audio 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.

If at any time you do not have internet access at your home, or private location you can contact me via phone to help you locate internet service (if available) that will be appropriate for distance counseling.

Limitations of Distance Counseling

Distance counseling should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.

By signing this document you agree that you understand that distance counseling:

- ▶ may lack of 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.
- ▶ When using email there might be a delay in your counselor receiving your message or they might not ever receive it.



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Emergency Management for Distance Counseling

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

- ▶ You, the client, 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, a 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 if I deem necessary, call 911 and/or transport you to a hospital. In addition, I may assess, and therefore 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, your therapist, know your phone number.

If you get disconnected from a video conferencing 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 (unless you request otherwise) that I can call you on the phone number you provide on the client information form.

If you are on a phone session and your phone disconnects call me back, or contact me to schedule another session. If I do not hear from you within ten minutes you agree (unless you request otherwise) that I can call you on the phone number you provide on the client information form. If this happens as a result of my phone or phone service, and we are not able to reconnect, you will not be charged for the session.

Professional Relationship

Our relationship is a professional one. This means that my role is that of your therapist, not your friend. This can sometimes get blurry, especially with counseling, as our work with each other is very intimate. A professional relationship means that we are not to be in any relationship outside our therapeutic one even when you are no longer a client of mine.



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Termination Policy

Unless previously agreed, if our office does not hear from within 30 days of your last appointment we will close your file and consider you discharged from care. At that point, you will no longer be considered an active patient. This does not mean that you may not return, but for liability purposes, Angie M Eells is no longer your treatment provider and will be documented as such in your record. If you would like to return, it is your responsibility to call our office and initiate returning to therapy. It is unethical for Ms. Eells to reach out to you.

Statement Regarding Ethics, Client Welfare & Safety

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

Please check the ways in which you are authorizing me to begin treatment with you:

- In-Person
- Video Conferencing
- Telephone
- Email

You may, at any time during the course of your treatment, withdraw your authorization to any of these modes of treatment and/or this agreement form as a whole. Simply contact me by phone, email, or mail and then follow up with me in writing.

By signing below you acknowledge that you agree that you have read and understood this agreement form and agree to accept mental health services by, Angie M Eells, LCSW

Client Name: _____

Initial _____



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Client Signature: _____

Date: _____

Signature for legal guardian and or POA:

Legal Guardian/POA Name: _____

Legal Guardian/POA Signature: _____

Date: _____

Initial

Initial

Initial _____