



CONSENT FOR SERVICES

This form is called a Consent for Services (the "Consent"). Your therapist, counselor, psychologist, doctor, or other health professional ("Provider") with Dauntless Counseling and Consulting LLC (the "Practice") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

THE THERAPY PROCESS

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who willingly follow and engage in the process, have a good relationship with their provider, complete assigned homework, and practice the skills they are learning outside of sessions. There are also risks involved in participating in services, such as discomfort that may arise from recalling unpleasant events. To foster the best possible relationship, it is important you understand as much about the process, as well as possible risks, before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

We can not promise that your behavior or circumstance will change. We can promise to support you and do our very best to help you reach your desired treatment goals within our scope of practice.

IN-PERSON VISITS & SARS-CoV-2 ("COVID-19")

When guidance from public health authorities allows and your Provider offers, you can meet in-person. If you attend therapy in-person, you understand:

- You can only attend if you are symptom-free (For symptoms, see: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>);
 - If you are experiencing symptoms, you can switch to a telehealth appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee.
- You must follow all safety protocols established by the practice, including:
 - Following the check-in procedure;
 - Washing or sanitizing your hands upon entering the practice;



- Adhering to appropriate social distancing measures;
 - Wearing a mask, if required;
 - Telling your Provider if you have a high risk of exposure to COVID-19, such as through school, work, or commuting; and
 - Telling your Provider if you or someone in your home tests positive for COVID-19.
- Your Provider may be mandated to report to public health authorities if you have been in the office and have tested positive for infection. If so, your Provider may make the report without your permission, but will only share necessary information. Your Provider will never share details about your visit. Because the COVID-19 pandemic is ongoing, your ability to meet in person could change with minimal or no notice. By signing this Consent, you understand that you could be exposed to COVID-19 if you attend in-person sessions. If a member of the practice tests positive for COVID-19, you will be notified. If you have any questions, or if you want a copy of this policy, please ask.

MINORS

It is our policy to provide you with general information regarding your child's treatment. However, we will be unable to provide specifics about treatment or what your child discloses in sessions without their consent unless their disclosure meets any of the exclusionary criteria described in the confidentiality section below, in which case you will be notified. If your child is engaging in behavior that is risky, but does not place them at risk of imminent danger to self or others, then your child's Provider will employ their professional judgement as to when and how to share that information.

Although it is your right to obtain documentation regarding your child's treatment, we encourage you to afford your child privacy in regards to the services they are receiving as this can adversely impact the trust between your child and their Provider. If you choose to request such records, possibly resulting in the harm of trust between your child and their Provider, services with your child may be discontinued as they will no longer be effective. If you would like information on specifics regarding your child's treatment, we encourage you to schedule a session with your child's Provider.

SEPARATED PARENTS

If you are divorced, separated from, or never married to your child's other parent; it is the policy of this Practice to inform the other parent that we are treating your child unless there are extenuating circumstances. If it is found that false or misleading information has been provided to us that prevents us from notifying the child's other parent, please be aware that this could present a conflict of interest, and may result in the termination of your child's services.

As a Practice, we will do our best to honor the wishes of a child's legal guardians. Therefore, if either parent decides services should end, or declines treatment during the intake process, we will honor that request if the parent requesting termination has the legal right to do so.

If at any time during your child's treatment it is decided by either you or the other parent that services should terminate, we ask that you allow us the option of having up to two closing sessions with your child to appropriately end the therapeutic relationship.

It is sometimes the case that separated parents have differing beliefs about what services should look like and how the needs of the child should be addressed. Therefore, it is the expectation of this Practice that the parents of a child client be involved in their child's services, and regularly participate in



meetings with the child's Provider to create mutually agreed upon goals for services, and to evaluate treatment progress.

Please be aware that your child's Provider can not act in the role of couples counselor or mediator. Your child's Provider needs to be seen by your child as their provider and theirs alone for there to be trust. If services for you or the child's other parent would be of benefit to the child, your child's Provider will recommend this to you, along with referrals if desired.

CUSTODY EVALUATION

The Practice and its associates are unable to provide custody evaluation services. We are also unable to provide opinions on fitness for parenting or custody. We ask that you do not involve this Practice in any court related proceedings, or ask your Provider to provide any documentation regarding parenting, custody, or visitation arrangements. If you are already involved in a custody or parenting case at the time of your child's intake, we will not be able to proceed with treatment for your child until your case has been resolved. If separation proceedings occur during the time your child is in services, we will continue to see your child but will need to discontinue services if both parents are unable to agree on what services should look like. Services will also need to be discontinued should the child's level of need become higher than what this Practice can professionally accommodate.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

- Risks
 - Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
 - Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.
 - Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
- Benefits
 - Flexibility. You can attend therapy wherever is convenient for you.
 - Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
- Recommendations
 - Make sure that other people cannot hear your conversation or see your screen during sessions.
 - Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
 - Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.



CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care.
- Your Provider may speak to emergency personnel.
- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

COMMUNICATION

You decide how to communicate with your Provider outside of your sessions. You have several options:

- Texting/Email
 - Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method.
- Secure Communication
 - Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.
- Social Media/Review Websites



- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.
- In The Community
 - If you and a Provider see each other accidentally outside of the Practice, they will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your trust or relationship with us. However, if you acknowledge your Provider first, they can choose to speak briefly with you if the situation allows - though it is best to not discuss any therapy related content outside of a confidential and secure setting.
- Dual Relationships
 - Therapy shall never involve any activity with a client that could impair the Providers objectivity, the therapeutic relationship, or safety of persons involved. Therefore neither this Practice nor its associates can engage in what is called a dual relationship with any of its clientele. Dual relationships include, but are not limited to: personal friendships, sexual relationships, and business relationships.

FEES AND PAYMENT FOR SERVICES

You may be required to pay for services and other fees. You will be provided with these costs prior to beginning therapy, and should confirm with your insurance if part or all of these fees may be covered. You should also know about the following:

- No-Show and Late Cancellation Fees
 - If you are unable to attend therapy, you must contact your Provider at least 24 hours before your session. Otherwise, you may subject to fees as outlined in the missed appointment policy. Insurance does not cover these fees.
- Balance Accrual
 - Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.
- Administrative Fees
 - Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.
- Insurance Benefits
 - Before starting therapy, you should confirm with your insurance company if:
 - Your benefits cover the type of therapy you will receive;
 - Your benefits cover in-person and telehealth sessions;



- You may be responsible for any portion of the payment; and
- Your Provider is in-network or out-of-network.
- Sharing Information with Insurance Companies
 - If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.
- Covered and Non-Covered Services
 - When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
 - When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.
- Payment Methods
 - The Practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, we encourage you to talk to them first to see if the complaint can be resolved. If your Provider is unable to resolve the complaint to your satisfaction, please contact the Practice owner, Bryan Shepard. If your complaint has not been resolved after speaking with your Provider and the Practice owner, you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.