Informed Consent for Psychotherapy Services
In-Person & Telehealth

1. Nature of Services

This document outlines the agreement for professional psychotherapy services provided by your clinician at Barrington Behavioral Health & Wellness. Services may be delivered in person at one of our offices or via HIPAA-compliant telehealth platforms.

2. Telehealth Procedures & Risks

Telehealth involves the use of electronic communications to enable the delivery of mental health services.

- **Requirements:** You must be located in a state where I am licensed at the time of our session. You are responsible for ensuring a private, quiet space and a stable internet connection.
- **Risks:** While I use encrypted, HIPAA-compliant software, there are inherent risks to electronic communication, including technical failures, interruptions, or unauthorized access (breaches).
- **Emergency Protocol:** In the event of a technical disconnect during a crisis, our backup plan is your home or cell phone number. If a life-threatening emergency occurs during a remote session, I will contact your local emergency services and your emergency contact on file.

3. Confidentiality & General Privacy

Information disclosed during therapy is confidential. Exceptions include:

- Suspected child, elder, or dependent adult abuse.
- Serious threats of violence toward an identifiable victim.
- Intent to harm yourself, if safety cannot be reasonably ensured.
- Court orders or as otherwise required by law.
- Insurance company requests for their purposes or audits.

4. Special Protections for Substance Use Disorder (SUD) Records

If you receive treatment for a substance use disorder, your records are protected by an extra layer of federal law (42 CFR Part 2).

- **Your Consent Matters:** In most cases, we cannot share your SUD records or testify about them in court without your explicit written permission. You may revoke this consent at any time.
- **Exceptions to Consent:** Federal law allows us to share SUD information without your permission only for:

4. Special Protections for Substance Use Disorder (SUD) Records (continued)

- **Medical Emergencies:** To provide urgent, life-saving treatment.
- **Safety:** To report crimes committed on our premises or against staff.
- **Mandated Reporting:** Suspected child abuse or neglect.
- **Fundraising:** We may contact you for fundraising, but you will always have the opportunity to opt out first.
- **Legal Proceedings:** Your records cannot be used against you in civil or criminal cases unless you provide written consent or a judge issues a specific court order.

5. Fees and Cancellations

- **Standard Fee:** $ per session.
- **Cancellation Policy:** Please provide at least 24 hours notice. Late cancellations (LC) will result in a $50 fee, and "no-shows" (NS) will result in a $100 fee.
- **Payment:** Payment is expected at the time of service or will be charged monthly to the credit card on file. In the event of extended non-payment, we reserve the right to utilize a 3rd party collection agency, which may be reported to credit agencies.

Consent and Signature

By signing below, I acknowledge that I have read, understood, and agree to the terms above, including the specific disclosures regarding telehealth, and the federal protections for substance use records.

Please note charge dates may not coincide with session dates.

Statements may be provided at your request.

Client Name (Printed): _____

Client Signature: _____ Date: _____

Representative (Printed): _____

Representative Signature: _____ Date: _____