

# Tina Bollendorf, MFT

## Office Policies and Informed Consent

Please read the following carefully and feel free to discuss any questions that you have. Individual changes can be made if they are agreed upon in advance.

**DURATION OF TREATMENT:** There is no standard length of treatment. Duration is based on your individual needs as mutually assessed on an ongoing basis.

**FREQUENCY OF SESSIONS:** Sessions are generally once or twice weekly, depending upon your needs. Additional sessions can usually be scheduled when the need arises.

**LENGTH OF SESSIONS:** Each session is 50 minutes long. I will be prepared to begin and end our sessions on time.

**PAYMENT:** Payment is due each session, unless otherwise arranged.

**INSURANCE:** Since I do not bill insurance companies directly, I will provide you with a monthly statement for you to submit to your insurance carrier for reimbursement if applicable.

**CANCELLATIONS:** Missed or cancelled sessions will be charged unless there is a 24-hour advance notice given.

**VACATIONS:** Please let me know of vacations or other planned absences with as much advance as possible and I will do the same. I will also gladly provide you with a referral to a colleague in my absence if you want it.

**PHONE CALLS:** Please feel free to phone. I will return your call as soon as possible. There is no charge for brief phone calls; if you need more time we can schedule an additional session. If your call is urgent, please mention that in your message and I will return your call at the first available moment.

**RISKS AND BENEFITS:** While it has been repeatedly demonstrated that psychotherapy is of benefit to most people, there is no guaranteed outcome. Risks include unexpected reactions that may be quite uncomfortable. You should keep me informed of your general emotional state and any reactions that you have to the therapy, however slight. Expected benefits can include some resolution of specific concerns that brought you to therapy, improved interpersonal relationships, lifting of depression, lessening of anxiety, and increased understanding of your thoughts, feelings, and behaviors.

**CONFIDENTIALITY:** All information about you and your therapy is confidential and may not be revealed to anyone without your written permission, except as required by law in one of the following circumstances:

- 1). Where there is a reasonable suspicion that a client is likely to hurt him/herself or another if protective measures are not taken.
- 2). Where there is reasonable suspicion of child or dependent elder abuse.
- 3). Where information is ordered by the court pursuant to a legal proceeding. In this case I will do everything in my power to minimize the amount of information provided.

TELEHEALTH: It's important to note that online therapy presents unique risks to client confidentiality. This includes variables on the client's end, such as others in their vicinity overhearing the conversation and captured internet transmissions.

I will always have a private, confidential, well-lit location for our sessions. I ask that you have a quiet, confidential, well-lit location for our sessions. Your environment should be free from distractions, including cell phones or other devices during the session. It is important that you use a secure internet connection rather than public/Wi-fi. You should be comfortable and relaxed in your environment.

Naturally, the internet or phone may cut out during your session. If this happens I will try restarting a video session three times, after which we will switch to a phone call.

All sessions are provided through Zoom. My Zoom account is a HIPPA compliant professional account with the highest level of security. The sessions are not never recorded, unless agreed upon by both parties. You will need a computer with a web-cam or a smart phone for our sessions. I will provide you with a secure Zoom link prior to our scheduled appointment.

There are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards, that your psychotherapy sessions and transmission of private treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and the electronic storage of treatment information could be accessed by unauthorized persons.

I will make reasonable efforts to provide you with emergency resources in your geographic area. I may not be able to assist you in an emergency situation. If you require emergency care, please call 911 or proceed to the nearest hospital emergency room for immediate assistance.

In some instances Telehealth may not be as effective or provide the same results as in-person therapy. If I believe you would be better served by in-person therapy, I will discuss this with you and refer you to in-person services as needed.

*I have read and understand the above guidelines and I consent to treatment provided by Tina Bollendorf, MFT*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
please print

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