

# Tree of Life Family Therapy, LLC

## Online Consent For Treatment

### Statement of Professional Disclosure

You may access the laws and regulations which govern said professionals at the following websites:

**LMFT, LPC:** [http://www.ok.gov/health/Protective\\_Health/Professional\\_Counselor\\_Licensing\\_Division/index.html](http://www.ok.gov/health/Protective_Health/Professional_Counselor_Licensing_Division/index.html).  
**LADC:** <http://www.okdrugcounselors.org/>.

### Right as a Client of Tree of Life Family Therapy

*Please make sure you read and understand this and all forms.*

Tree of Life Family Therapy is comprised of the following therapist: Julie Perna, LMFT. Counseling services are voluntary. By signing this form, you acknowledge you are consenting to receive services necessary for yourself, your child and/or family, including diagnosis and treatment. Your consent to receive services does not waive your legal rights as recognized under Oklahoma law. Information regarding your records or services is not available to anyone unless:

- You give your written permission on a release of information form.
- A court orders me to disclose records.
- A legal guardian gives written permission to release the information of a minor child.
- In an emergency situation when your personal safety or the safety of others may be threatened (Duty to Warn).
- There is a suspicion or report of abuse or neglect of children, elderly or disabled persons.

### No Secrets Policy

As systemically trained therapists, we view the client, couple, and/ or family as the unit of treatment. Therefore, we adhere to a “no secrets policy” in our work. This means that your therapist may choose to NOT partake in “keeping secrets” from members of the therapeutic system. Thus, if you are partaking in couple’s or family therapy, any information you disclose to your therapist may openly be discussed with other participating parties as part of treatment. Therefore, if you strongly desire to discuss matters other parties involved in therapy may or may not be aware of, and you desire to keep those matters secret, simply notify your therapist of this desire and s/he will set you up with an individual counselor to discuss the matters of concern.

### **You have a right to review all written reports about our work before they are sent/released.**

It is further understood that your mental health insurance providers may request some records (e.g.) treatment plans or session notes in order to verify services and to assure the quality of services being provided. You will be informed when these circumstances occur. You have a right and responsibility to review these documents. Also be aware that peer consultation may occur between providers to assure services are appropriate and beneficial to you and/or your family.

You may request to have communication between therapist and your Primary Care Provider regarding evaluation and treatment information upon signing a release of information form. Upon request that your records be sent to another professional or agency, your wishes will be fulfilled with promptness upon receipt of your written request for information and provided there is no outstanding balance on your account.

Requested records may be protected under 42 C.F.R. Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164, State Confidentiality laws and regulations and cannot be released without your consent unless otherwise provided for by regulations. State and Federal law regulations prohibit any further disclosure of such records without your specific written consent or when otherwise permitted by such regulation.

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You have the right to refuse any service which you do not want and to discontinue any services you have already started. However, if you choose to discontinue treatment against professional advice, a notation to that effect will be placed in your records. In the event of court-ordered clients, the terms of the court may supersede this right.

**It is the policy of Tree of Life Family Therapy to treat all clients and not to discriminate with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, or disability.**

## Records and Emergency Procedures

Licensed Mental Health Professionals hold the confidentiality of records to the highest standards. Therefore, client confidentiality is protected upon his/her incapacitation from death or disability. Records will not be released to a third party unless a waiver is signed by the client. If your therapist becomes incapacitated from death or disability, your records will remain and be maintained by Family Solutions Counseling.

**I would like to sign a waiver electing to release my records to a third party upon my incapacitation from death or disability.**

## Confidentiality of Electronic Communications and Social Media

Confidentiality of Electronic Communications includes, but is not limited to, E-mail, Cell Phone Communication, Text, and Social Media Websites. If you choose to e-mail your therapist, it is preferred that you do so by setting up an account via [therapyappointment.com](http://therapyappointment.com), which is encrypted and HIPAA compliant. Please call the office with help setting up your login.. If you call your therapist, please be aware that unless you are both on landline phones, the conversation is not confidential. Likewise, text messages are not confidential. The landline number for your therapist is [\(405\) 242-5305](tel:4052425305). **Please take note that FSC cannot guarantee confidentiality if you choose to email from your personal account or call or text from a cellular phone. The preferred method of communication is by landline phones.** Tree of Life Family Therapy is contracted with Family Solutions Counseling (FSC), who maintains several social media accounts. You are welcomed to utilize FSC's social media websites for purposes of education and keeping updated of event opportunities; however, confidentiality of friending, fanning, following, and interacting cannot be guaranteed.

## Services

Tree of Life Family Therapy provides family, couples, and individual therapeutic mental health and relationship services.

Your therapist offers traditional in-office therapy; as well as, a variety of online and/ or distance therapy formats. You will be interviewed and may be asked to fill out some questionnaires to assist your therapist in determining how best to help you.

Services do *not* include:

- Personality, ability, or vocational interest testing or evaluations.
- Custody evaluations and/or forensic reports
- Prescription of medications or treatment of problems for which medication or hospitalization may be the treatment of choice, such as major depression, suicidal intention, hallucinations, delusions, etc.

## What can you expect from Online Therapy

The duration of treatment is different for each person and can be difficult to estimate; your therapist will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with your therapist. They will work with you to uncover what might be preventing progress. Your therapist may modify goals with you if appropriate. Your therapist may also make a referral for you to (an) other professional (s) if necessary, and/or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy, because the process of working on personal issues can be difficult; please be aware of this.

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You as the client understand that phone and online sessions have limitations (as well as benefits) compared to in-person sessions, among those being the lack of “personal” face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that insurance companies may not cover this type of therapy. **It is your responsibility to check with your insurance company concerning whether or not they will cover mental health treatment via online or telephone.** You understand that telephone/ online psychotherapy with your therapist is not a substitute for medication under the care of a psychiatrist or doctor. You also understand that your therapist follows the laws and professional regulations of the State of Oklahoma (USA). **You understand that online and telephone therapy may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts.** If a life-threatening crisis should occur, you agree to call 911, go to a hospital emergency room, or call a crisis hotline: Oklahoma County Crisis Line at 405-522-8100, Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433), or Reachout National Hotline Crisis and Information Line at 1-800-522-9054

Your therapist will make every effort to keep all information confidential. Likewise, if you are working online together, your therapist asks that you remove yourself from a public area and go to a secure location where you can participate in your session without fear of interruption and/or others listening in on your session. Your therapist also asks that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. Your therapist encourages you to only communicate through a computer that you know is safe (i.e., wherein confidentiality can be ensured). Be sure to fully exit all online counseling sessions. If you are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, call to finish your session via telephone or schedule a new session time.

If you need to speak with your therapist between sessions, please call (405) 242-5305. Your call will be returned as soon as possible. Messages are checked daily (but never during the night time). Messages are checked less frequently on weekends and holidays.

## Counseling, Legal Issues, Court Reports and Testimony

As a counselor, I am frequently asked to provide counseling services to a child or family, whose parents or guardians are involved with legal disputes or challenges involving custody, visitation or other court related issues. The regulations and codes of ethics under which I practice my profession specifically describe how I legally may or may not conduct my services in matters involving legal decisions.

If I accept a child, adult or family as a client for counseling services, I cannot be used as an expert witness for any forensic purposes. As your counselor, I would only be able to serve as a “fact” witness in any legal report, deposition or testimony. I could only provide factual information about services you received, and only when the client and/or legal guardian gives her/his written permission to waive confidentiality. Waivers of privilege/ confidentiality must describe what specific information is to be released, to whom, for what purpose and for how long the release is valid. As a factual witness, I may not offer any conclusions, opinions or recommendations. I can report that I provided X number of sessions; that we have developed a counseling plan; what the goals and objectives of the plan are, and other “facts”.

I will charge a fee for report writing, telephone consultations with attorneys, depositions, and court appearance and testimony. I will provide clients with a fee schedule that details the amounts charged for these services.

# Tree of Life Family Therapy, LLC

## Payment for Services:

Payments for services must be made prior to the time of each session. Insurance typically will not cover online therapy. You may make payment via check or credit card. Your therapist asks that you provide credit card information at the bottom of this form, which you agree to allow your therapist to charge for all balances.

### Cancellation Policy:

As outlined in the financial agreement, you will be billed a flat rate of \$100.00 if you miss an appointment or cancel without providing at least 24 hours notice.

**\*\*I have read the "Online Consent for Treatment" form and agree to the terms of consent. I understand and agree to the limits and conditions of therapy.\*\***

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

You and your therapist will discuss this Consent for Treatment during your first session. If your sessions are scheduled online, please fax this form with signatures to (405) 242-5345 Attn: Julie Perna then snail mail original to:

Family Solutions Counseling, PLLC  
Attn: *Julie Perna*  
10400 N. Vineyard Blvd., Suite A  
Oklahoma City, OK 73120

## Credit Card Information:

I give Tree of Life Family Therapy my permission to charge the card ending in (*enter last 4 digits of card*) \_\_\_\_\_ for any remaining balances on my account given that payment has not been received in a timely fashion, including but not limited to, insurance company failure to pay 90 days after filing insurance claim, payment not being made prior to session, bounced checks, cancellations without giving 24 hours notice to therapist or missed appointments, or other services provided by therapist such as letter writing, phone calls, or court-related work.

I agree to the terms as outlined above,

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Card must be in name of client:

Name (as appears on card): \_\_\_\_\_

Billing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip: \_\_\_\_\_

**Office use only:**

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