

TELEMENTAL HEALTH CONSENT, POLICIES, & AGREEMENT

Telemental Health incorporates email, phone, and online/video counseling. Prior to engaging in Telemental Health an assessment/consultation will be done to assure that Telemental Health is an appropriate form of counseling. This is to inform you about what you can expect regarding your participation in Telemental Health counseling.

PART I: THERAPEUTIC PROCESS

THERAPY BENEFITS/OUTCOMES: The therapeutic process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in therapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The therapeutic process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc. Participating in therapy can lead to greater understanding of personal and relational goals and values. This can increase self-awareness, relational harmony, and lead to greater happiness. Progress will be assessed on a regular basis and feedback from clients will be elicited to ensure the most effective therapeutic services are provided. There can be no guarantees made regarding the ultimate outcome of therapy.

TELEMENTAL HEALTH BENEFITS: The benefits to Telemental Health counseling are:

1. The ability to expand your choice of service provider.
2. More convenient counseling options including location, time, no driving, etc.
3. Reduces the overall cost and time of therapy due to not having to drive to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients. Clients with limited mobility, and clients without convenient transportation options.

THERAPY EXPECTATIONS: In order for clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Therapy is not a quick fix. It takes time and effort, and therefore, may move slower than your expectations. During the therapy process, we identify goals, review progress, and modify the treatment plan as needed.

THERAPY RISKS: In working to achieve therapeutic benefits, clients must take action to achieve desired results. Although change is inevitable, it can be uncomfortable at times. Resolving unpleasant events and addressing attachment patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work collaboratively toward a desirable outcome; however, it is possible that the goals of therapy may not be reached.

TELEMENTAL HEALTH LIMITATIONS: It is important to note that there are limitations to Telemental Health counseling that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. I cannot see you, your body language, or your non-verbal reactions to what we are discussing.
2. Due to technology limitations I may not hear all of what you are saying and may need to ask you to repeat things.
3. Technology might fail before or during the Telemental Health counseling session.

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4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.
5. To reduce the effect of these limitations, I may ask you to describe how you are feeling, thinking, and/or acting in more detail than I would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

LOGISTICS: When I provide phone/video-counseling sessions, I will call you at our scheduled time or send you a link for our secure and HIPAA compliant video session. I expect that you are available at our scheduled time and are prepared, focused, and engaged in the session. I am calling you from a private location where I am the only person in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality.

You may consider using a white noise machine outside the room if you think you might be overheard. You might also want to place a DO NOT DISTURB sign on the door of the room you are using. If you choose to be in a place where there are people or others that can hear you, I cannot be responsible for protecting your confidentiality. Every effort MUST be made on your part to protect your own confidentiality. I suggest you wear a headset or earbuds to increase confidentiality and increase the sound quality of our sessions.

Please know that I cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please assure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

You will need to supply your own technology to including a secure internet connection, video/webcam, microphone, and audio. A smart phone will work but is not ideal.

Please know that per best practices and ethical guidelines I can only practice in the state(s) I am licensed in. That means wherever you reside I must be licensed. You agree to inform me if your therapy location has changed or if you have relocated your domicile to a different jurisdiction.

Connection Loss During Phone Sessions: If we lose our phone connection during our session, I will call you back immediately. Please also attempt to call me at 636-465-0760 if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you 3 times. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your session we will continue.

If the reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, I will call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

Connection Loss During Video Sessions: If we lose our connection during a video session, I will call you to troubleshoot the reason we lost connection. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your session we will continue.

If the reason for a connection loss i.e. technology, battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, we can either complete our session via. phone or plan an alternate time to complete the remaining minutes of our session.

Please list your main number and an alternate number below.

Number(s)

Recording of Sessions: Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-therapist relationship.

STRUCTURE OF THERAPY:

- **Intake Phase** – During the first session, therapeutic process, structure, policies, and procedures will be discussed. We will also explore your experiences surrounding the presenting problem(s).
- **Assessment Phase** – The initial evaluation may last 2-5 sessions. During this assessment phase, I will be getting to know you. I will ask questions to gain an understanding of your worldview, strengths, concerns, needs, relationship dynamics, etc. During this relationship building process, I will be gathering a lot of information to aid in the therapeutic approach best suited for your needs and goals. If it is determined that I am not the best fit for your therapeutic needs, I will provide referrals for more appropriate treatment.
- **Goal Development/Treatment Planning** – After gathering background information, we will collaborate to identify your therapeutic goals. If therapy is court ordered, goals will encompass your goals and court ordered treatment goals, based on documentation from the court (please provide any court documents). Once each goal is reached, we will sign off on each goal and you will receive a copy, if court ordered. Treatment goals will be reviewed every 90 days. During the six-month review, if little or no progress had been made, we will discuss barriers and whether referrals for more appropriate treatment may be needed.
- **Intervention Phase** – This phase occurs anywhere from session two until graduation/discharge/termination. Each client must actively participate in therapy sessions, utilize solutions discussed, and complete assignments between sessions. Progress will be reviewed, and goals adjusted as needed.
- **Graduation/Discharge/Termination** – As you progress and get closer to completing goals, we will collaboratively discuss a transition plan for graduation/discharge/termination.

LENGTH OF THERAPY: Therapy sessions are typically weekly or biweekly for 45 minutes depending upon the nature of the presenting challenges and/or insurance authorizations. Other arrangements may be made on a case-by-case basis, dependent on the client's needs. It is difficult to initially predict how many sessions will be needed. We will collaboratively discuss from session to session what the next steps are and how often therapy sessions will occur.

INTERNS/PRACTICUM STUDENTS: Clinician may supervise intern or practicum students during your time in therapy. These interns/students may need to observe client sessions and participate and/or lead sessions with clients to fulfill their degree requirements. These interns/students may also need to videotape and/or audiotape sessions as part of their degree requirements. The interns/student's college professors may need to hear or see how the intern/student is interacting with clients however clients will

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not be on the video recordings. Client names will not be released by the interns/students, only alias or initials. Recordings will be erased at the end of the intern/student's school term. You may request not to participate in sessions with an intern or practicum student.

APPOINTMENTS AND CANCELLATIONS: You are responsible for attending each appointment and agree to adhere to the following policy: *If you cannot keep the scheduled appointment, you **MUST** notify my office to cancel or reschedule the appointment within 24 hours of the scheduled appointment time. Cancellations can be communicated by phone, email or therapist's calendar; not text. Should you cancel or miss a scheduled appointment with notification less than 24 hours, your credit card on file will be charged the full fee of \$125 for your missed appointment.*

If you cancel or reschedule more than three times, I may re-evaluate your needs, desires, and motivations for treatment at this time. Should you express, wish, and/or desire to continue, you may be asked to pre-pay for sessions when they are scheduled. If you cancel or miss the scheduled appointment with less than 24-hour notice and the session is pre-paid, this will follow the cancellation guidelines and the payment will not be reimbursed for the missed or canceled session.

Each insurance panel has a different policy on whether clinicians can charge for missed appointments. Check your provider's policies regarding cancellations and/or no shows.

Phone/video session will be treated as regular in office sessions. If you are late getting on the phone/video, are unable to talk at our scheduled time, your battery dies and you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend our session; please know that you will be charged for the session. Please make necessary arrangements to be available and present for your session.

Psychotherapy is a uniquely personal service; therefore, consultations may be briefly interrupted. I may periodically take time off for vacation, seminars, and/or become ill. Attempts will be made to give adequate notice of these events. If I am unable to contact you directly, a colleague may contact you to cancel or reschedule an appointment.

FEES: The fee for the initial consultation is \$175. The fee for each follow-up therapy session is \$125. Acceptable forms of payment are credit or debit card. Payment for services must be made **prior** to each session and the card on file will be charged. If in the event a scheduled appointment time is missed or cancelled less than 24 hours, please refer to the "Appointments and Cancellations" policy above.

The clinician reserves the right to terminate the counseling relationship if more than 3 sessions are missed without proper notification.

The clinician charges his/her hourly rate in quarter hours for phone calls over 10 minutes in length, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be billed. **Your credit card on file will be charged for these services immediately after they are rendered.**

At the beginning of each calendar year decisions regarding the financial position of the company must be made and fees for services may be increased as a result. Clients will be given a 90-day notice, both

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verbally and in writing if fees are to be increased. If the fee increase is not feasible within your budget, we can explore what options are available to you as we prioritize your care.

WITHDRAWAL OF SERVICES: You understand that you have the right to withdraw your consent for Telemental Health services at any time. You also understand that the clinician can discontinue Telemental Health services if the connections are not adequate for this type of service or if the clinician believes you would be better served by another form of therapy.

TRIAL, COURT ORDERED APPEARANCES, LITIGATION: Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. In order to protect your confidentiality, I strongly suggest not being involved in the court. If I get called into court by you or your attorney, you will be charged a fee of \$250 each hour to include travel time, court time, preparing documents, etc.

COPIES OF MEDICAL RECORDS: Should you request a copy of your medical records; the cost will be the maximum amount allowable under Missouri law, presently \$26.06 per request plus \$0.60 cents per page for hard copies or \$26.06 per request plus \$0.60 per page or a maximum of \$114.17 (whichever is less) for electronic records. Payment for your medical records will be due prior and hardcopies will be mailed to the address provided. Please allow at least 2 weeks to prepare medical records.

PHONE CONTACTS AND EMERGENCIES: Office hours are Mon. - Thurs., 9am - 8pm. If you need to contact the clinician for any reason, please call 636-465-0760, leave a message, and a return call will be made as soon as possible, and not later than the next business day. In case of an emergency, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 800-273-8255; BHR Crisis Hotline at 800-811-4760; Mercy Jefferson Crisis Line at 636-933-1211; or Life Crisis Hotline at 314-647-4357. If either you or someone else is in danger of being harmed, go to the nearest Emergency Room, or dial 911.

PART II: CONFIDENTIALITY:

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, *except* for the following limitations:

- **Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse:** Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm:** Threats, plans or attempts to harm oneself. I am permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others:** Threats regarding harm to another person. If you threaten bodily harm or death to another person, I am required by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas:** If I receive a subpoena for your records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone. If I cannot get in touch with you by phone, I will send you written correspondence. If a court of law issues a legitimate court order, I am required by law to

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provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.

- **Law Enforcement and Public health:** A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or action; limited information (such as name, address DOB, dates of treatment, etc.) to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; and information that your clinician believes in good faith establishes that a crime has been committed on the premises.
- **Governmental Oversight Activities:** To an appropriate agency information directly relating to the receipt of health care, claim for public benefits related to mental health, or qualification for, or receipt of, public benefits or services when your mental health is integral to the claim for benefits or services, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- **Upon Your Death:** To a law enforcement official for the purpose of alerting of your death if there is a suspicion that such death may have resulted from criminal conduct; to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- **Victim of a Crime:** Limited information, in response to a law enforcement official's request for information about an you if you are suspected to be a victim of a crime; however, except in limited circumstances, we will attempt to get your permission to release information first.
- **Court Ordered Therapy:** If therapy is court ordered, the court may request records or documentation of participation in services. I will discuss the information and/or documentation with you in session prior to sending it to the court.
- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual “process notes”, except if the third party is part of the medical team. If therapy sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
- **Fee Disputes:** In the case of a credit card dispute, I reserve the right to provide the necessary documentation (i.e., your signature on the “Therapy Consent & Agreement”) that covers the cancellation policy to your bank or credit card company should a dispute of a charge occur. If there is a financial balance on account, a bill will be sent to the home address on the intake form unless otherwise noted. In the event legal action is necessary to collect fees owed, you agree that all costs and expenses of collection, including reasonable attorney’s fees, shall be borne by you.
- **Family/Couples Counseling & “No Secret” Policy:** When working with families or couples, all laws of confidentiality exist. I request that no family member or partner attempt to triangulate me into keeping a “secret” that is detrimental to the family or couple's therapy goal(s). If a family member or one partner requests that I keep a “secret” in confidence, I may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals then become counter-productive. However, if one party requests a copy of family or couples therapy records in which they participated, an authorization form from each participant (or their representatives and/or guardians) in the sessions must be completed before the records can be released.
- **Dual Relationships & Public:** Our relationship is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (ie: social, business, or friendship). If we run into each other in a public setting, I will not acknowledge

you as this would jeopardize confidentiality. If you were to acknowledge me, your confidentiality could be at risk.

- **Social Media:** No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on my professional social media pages or posts, you do so at your own risk and may breach confidentiality. I cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact me through any social media site or platform. They are not confidential, nor are they monitored, and may become part of your medical record.
- **Electronic Communication: If you need to contact me outside of our sessions, please do so via phone or email.**
 - **Clients often use text or email as a convenient way to communicate in their personal lives. However, texting introduces unique challenges into the therapist–client relationship.** Texting is not a substitute for sessions. **Texting is not confidential.** Phones can be lost or stolen. DO NOT communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client’s phone.
 - **Do not use email for emergencies.** In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. If you need to be seen, please call to book an appointment or use the online calendar within the portal
 - **E-mail may not be confidential.** If you send email from a work computer, your employer has the legal right to read it. E-mail **IS** a part of your medical record.

PART III: GOOD FAITH ESTIMATE

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give **clients who do not have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, please visit www.cms.gov/nosurprises or call 800-985-3059.

PART IV: HEALTH INSURANCE

YOUR INSURANCE COMPANY: By using insurance, I am required to give a mental health disorder diagnosis that goes in your medical record. The clinical diagnosis is based on your current symptoms even though you may have been previously diagnosed. We will discuss your diagnosis during the session.

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Your insurance company will know the times and dates of services provided. They may request further information to authorize additional services regarding treatment.

IMPORTANT: Some psychiatric diagnoses are not eligible for reimbursement (i.e., marriage/couples therapy). In the event of non-coverage or denial of payment, you will be responsible to pay for services provided. **Brandi Gillam, LPC** of **Within You Counseling, LLC** reserves the right to seek payment of unpaid balances by collection agency or legal recourse after reasonable notice to the client.

PRE-AUTHORIZATION & REDUCED CONFIDENTIALITY: When visits are authorized, usually only a few sessions are granted at a time. When these sessions are complete, I may need to justify the need for continued service, potentially causing a delay in treatment. If insurance is requesting information for continued services, confidentiality cannot be guaranteed. Sometimes, additional sessions are not authorized, leading to an end of the therapeutic relationship even if therapeutic goals are not met.

POTENTIAL NEGATIVE IMPACTS OF A DIAGNOSIS: Psychiatric diagnoses may negatively impact you in the following ways:

1. Denial of insurance when applying for disability or life insurance.
2. Company (mis)control of information when claims are processed.
3. Loss of confidentiality due to the increased number of persons handling claims.
4. Loss of employment and/or repercussions of a diagnosis in situations where you may be required to reveal a mental health disorder diagnosis on your record. This includes but is not limited to: applying for a job, financial aid, and/or concealed weapons permits.
5. A psychiatric diagnosis can be brought into a court case (ie: divorce court, family law, criminal, etc.).

It is important that you're an informed consumer. This allows you to take charge regarding your health and medical record. At times, having a diagnosis can be helpful (i.e., child needing extra services in the school system or a person being able to receive disability). It is also important to note that some diagnoses are not eligible for reimbursement. This is often true for marriage/couple's therapy.

REASONS CLINICIANS MAY NOT ACCEPT INSURANCE

- **Reduced Ability to Choose:** Most health care plans today (insurance, PPO, HMO, etc.) offer little coverage and/or reimbursement for mental health services. Most HMOs and PPOs require "preauthorization" before you can receive services. This means you must call the company and justify why you are seeking therapeutic services in order for you to receive reimbursement. The insurance representative, who may or may not be a mental health professional, will decide whether services will be allowed. If authorization is given, you are often restricted to seeing the providers on the insurance company's list. Reimbursement is reduced if you choose someone who is not on the contracted list; consequently, your choice of providers is often significantly restricted.
- **Pre-Authorization and Reduced Confidentiality:** Insurance typically authorizes several therapy sessions at a time. When these sessions are finished, your therapist must justify the need for continued services. Sometimes additional sessions are not authorized, leading to an end of the therapeutic relationship even if therapeutic goals are not completely met. Your insurance company may require additional clinical information that is confidential in order to approve or justify a continuation of services. Confidentiality cannot be assured or guaranteed when an insurance company requires information to approve continued services. Even if the therapist justifies the need for ongoing

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services, your insurance company may decline services. Your insurance company dictates if treatment will or will not be covered. Note: Personal information might be added to national medical information data banks regarding treatment.

- **Psychiatric Diagnosis:** Insurance companies require clinicians to give a mental health diagnosis (i.e., “major depression” or “obsessive-compulsive disorder”) for reimbursement.

Why You May Chose Not to Use Insurance: These involve enhanced quality of care and other advantages:

1. You are in control of your care, including choosing your therapist, length of treatment, etc.
2. Increased privacy and confidentiality (except for limits of confidentiality).
3. Not having a mental health disorder diagnosis on your medical record.
4. Consulting with me on non-psychiatric issues that are important to you that aren’t billable by insurance, such as learning how to cope with life changes, gaining more effective communication techniques for your relationships, increasing personal insight, and developing healthy new skills.

After reading my position on health insurance, you still may decide to use your health insurance. I can provide you with a Superbill and you may use your out-of-network benefits to get reimbursed for the session fee by your insurance company if I do not accept your insurance plan. Otherwise, you may provide me with a list of therapists on your insurance provider list, I will do my best to recommend a therapist for you.

EMERGENCY CONTACT:

Telemental Health services are **NOT** emergency services. It is necessary that **Brandi Gillam, LPC** of **Within You Counseling, LLC** has someone to contact on your behalf. In case of an emergency who should we contact?

Full Name	Relationship	Phone Number(s)
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Please check here that you agree and sign below. Thank you.

I agree to allow **Within You Counseling, LLC** to contact my emergency contact on my behalf in the case of emergency

Signature	Date
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I also request the address from which you are attending the session.

Street Address

City	State	Zip Code
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I also request the number to your local police department including area code in which you are located during the time of our session.

City and State of Local Police Department	Phone Number
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If a situation occurs where we are talking and get disconnected and you are in crisis; you agree to call 911, go to your local emergency room immediately, or contact the National Suicide Hotline at 800-784-2433 or the BHR Crisis Hotline at 800-811-4760.

If you have concerns about your safety at any time during our session; I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of session) and/or call your emergency contact immediately. Please note that everything in this informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.

PART V: CONSENT

1. I have read and understand the information contained in the Telemental Health Consent, Policies, and Agreement. I have discussed any questions that I have regarding this information with **Brandi Gillam, LPC**. My signature below indicates that I am voluntarily giving my informed consent to receive telemental health counseling services, understand the limitations associated with participating in Telemental Health, and agree to abide by the agreement and policies listed in this consent. I authorize **Brandi Gillam, LPC** to provide counseling services that are considered necessary and advisable.

2. I authorize the **release of treatment and diagnosis information** (as described in Part III, above) necessary to process bills for services **to my insurance company**, and request payment of benefits to **Brandi Gillam, LPC**, of **Within You Counseling, LLC**. I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand, in the event that fees are not covered by insurance, **Brandi Gillam, LPC**, of **Within You Counseling, LLC** may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

3. **Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Brandi Gillam, LPC to provide treatment to my minor child(ren).** If I have unilateral decision-making capacity to obtain counseling services for my minor, I will provide the appropriate court documentation to **Brandi Gillam, LPC** prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session.

Printed Name: _____

Signature: _____ Date: _____
Your signature signifies that you have received a copy of the "Therapy Agreement, Policies and Consent" for your records.

Printed Name of Minor Child	DOB	Date

Clinician Signature: _____ Date: _____
Brandi Gillam, Licensed Professional Counselor