**Allison Howe, LMHC**

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**License #004231-1**

**Saratoga Springs, NY 12866**

**(518) 258-5685**

**www.allisonhowelmhc.com**

**INFORMED CONSENT TO COUPLE THERAPY**

(“Allison Howe, LMHC or “I” or “the psychotherapist”)

This form documents that we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give our consent to Allison Howe, LMHC to provide psychotherapeutic treatment to us.

While we expect benefits from this treatment, we fully understand that no particular outcome can be guaranteed. We understand that we are free to discontinue treatment at any time but that it would be best to discuss with Allison Howe, LMHC any plans to end therapy before doing so.

**EDUCATION AND TRAINING:**

I earned my Master of Education and Master of Arts degree from Columbia University Teacher’s College in 1990, and my Bachelor of Science degree in Finance from Fairfield University in 1986. I am licensed in the State of New York as a Licensed Mental Health Counselor. I am a PACT Couple Therapist and a member of the PACT Institute since 2011. As a licensed mental health counselor in the State of New York, I am required to have completed a two year graduate program in counseling, complete a one year supervised practicum as well as practiced for 3000 supervised hours in a mental health setting. Upon completion of these requirements, I passed the licensing exam.  The licensing board is available by phone: 518-474-3817, fax: 518-474-1449 or e-mail: op4info@nysed.gov, or by writing to the Office of the Professions, 50 Broadway, Suite 355, Albany, NY 12204-2719.

**COMMUNICATION WITH PSYCHOTHERAPIST OUTSIDE OF THERAPY SESSION:**

The couple’s relationship is the psychotherapist’s client in couple therapy. Therefore, communication policies with the psychotherapist outside of the therapy office must be very clearly communicated and very consistently practiced by the psychotherapist. If communication policies and practices are not consistent, the integrity of the relationship with the psychotherapist can be compromised.

* Scheduling is done by telephone or email.
* When using email, we understand that both partners are to be included on all email correspondence to Allison Howe, LMHC.
* Email is used strictly for scheduling. Relationship issues are not addressed through email.
* If there is a relationship issue that must be addressed outside of a therapy session, both partners need to be on the telephone call.

**TRANSPARENCY:**

I endorse full transparency in couple therapy. If information is shared with me by one partner and the other partner is excluded, please understand that I expect that the disclosing partner will share this information with their partner promptly.

Additionally, if you are seeing an individual therapist, I will request that you sign a release of information granting me permission to communicate with your therapist. It is my ethical responsibility as a licensed mental health counselor to engage in authorized communication with your other treating providers. My goal is to introduce myself and share my treatment plan. I will require that both partners sign a release of information for each provider working with you and your partner. If you do not grant me the permission to communicate with your therapist, I reserve the right to terminate treatment and offer you an appropriate referral.

**FEES:**

My fee is $225.00/hour. Fees are collected at the end of every session. I request your credit card number at the end of the initial session which I include in your protected records. If you prefer to pay me through Venmo, please understand that I can’t guarantee your confidentiality as they are not HIPAA compliant.

If you lose your employment or experience an unforeseen financial hardship during your course of couple therapy, please let me know. We can discuss a reduced fee for a time-limited period.

**CANCELLATIONS:**

Clients can cancel or reschedule an appointment anytime, as long as they provide 24 hours’ notice**.** If you cancel an appointment with less than 24 hours’ notice or fail to attend, you will be charged for the appointment.

First late cancellation (in less than 24 hours) or missed appointment:

I charge 50% of your session fee.

Subsequent late cancellation or missed appointment:

I charge my full fee.

**Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**METHOD OF TREATMENT:**

I am a PACT Level 3 trained therapist (Psychobiological Approach to Couple Therapy) and the goal of the treatment is to help partners have secure functioning relationships based on fairness, sensitivity, mutuality, collaboration and cooperation. For information on the PACT approach, visit [www.thepactinstitute.com](http://www.thepactinstitute.com).

**SCHEDULING:**

My initial session is two to three hours and subsequent sessions are 90 minutes to two hours. The length and frequency of sessions will be determined during the early stage of treatment and discussed with you.

I use a HIPAA compliant online scheduler. Here is the link: [**https://go.oncehub.com/AllisonHoweLMHC**](https://go.oncehub.com/AllisonHoweLMHC)

The schedule is open eight weeks in advance, and I encourage you to schedule sessions in advance to ensure your preferred day and time. The scheduler will send me your requested session and upon my approval, you will receive a link to our Zoom telehealth session. If you request a session using the online scheduler before 9:00 am or after 5:00 pm on weekday or at any time on a weekend, I will approve your request the next business day. If encounter any issues using the scheduler, including not finding a session to schedule, please contact me as soon as possible.

**MEETING WITH ALLISON HOWE, LMHC:**

I will only meet with you when you are both present. If a partner arrives before their partner for an appointment, the partner who is present will be asked to wait for their partner to arrive before the session begins.

**BENEFITS AND RISKS OF COUPLE THERAPY:**

Couple therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for those individuals who undertake it. Therapy often leads to significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolution to specific problems. However, there are no guarantees that will happen. Couple therapy requires a very active effort on your part. In order to be most successful, you will have to practice and implement new ways of behaving and relating outside of therapy session.

The goal of PACT couple therapy is to reduce the distress experienced from chronic problems in the relationship and to move the couple into secure functioning. As your psychotherapist, I will support you both and encourage you to support each other through this process.

**EMERGENCY SERVICES:**

As a therapist in private practice, I do not provide emergency services. Please call Saratoga County Mental Health at 584-9030, or 911 or go directly to your nearest emergency room.

**RESPONDING TO YOUR TELEPHONE CALLS AND EMAILS:**

I check my messages regularly, and I will make every effort to return calls as promptly as possible during 9 am – 5 pm on weekdays. I do not provide 24 hour assistance. If you need emergency assistance, please call the Saratoga County Mental Health department at 584-9030, or call 911, or go to your nearest emergency room.

Like phone calls, I make every effort to respond to your email promptly. I do not respond to emails after normal business hours or on weekends.

When using the online scheduler, I approve requests for sessions on weekdays during normal business hours.

**RECORD-KEEPING:**

In addition to paperwork completed by you, such as this form and written and/or electronic communication that you send to me, I keep notes in my electronic medical records program. These notes include the date of service, the interventions that occurred in the session and the topics we discussed. These notes serve as a record of our session. Both the law and standards of my profession require that I keep treatment records for at least seven years after our last date of contact. I retain records only as long as mandated by the NY State Office of Professions.

**HEALTH INSURANCE:**

I am not registered with any insurance provider networks. I will provide you with a receipt for the service I provided and you can submit for out of network reimbursement. Whether you will obtain out of network reimbursement is ultimately the decision of your insurance company.

**TREATMENT PLANNING:**

In the early stages of therapy, I assess your needs and we discuss how I can support you both in reaching your goals. I will discuss with you what I believe is required for your goals to be met. I encourage you to evaluate my feedback along with your own evaluation of the therapy to determine if I can be helpful to you. Couple therapy requires an investment of your time, your money and your energy. If you believe you would be better served by a different approach or different therapist, please let me know and I will provide you with an appropriate referral.

**TERMINATION:**

Our therapeutic relationship is collaborative and based on mutual consent. You may withdraw from couple therapy at any time and in that instance, I will provide you with an appropriate referral.

I reserve the right to end therapy in certain situations.

* Failure to pay for therapy provided.
* Cancelling sessions repeatedly.
* Refusal to authorize my communication with your other therapists or treatment providers.

Lastly, all licensed mental health counselors reserve the right to terminate therapy if threatened in any way.

**ELECTRONIC COMMUNICATION:**

Computers and unencrypted emails are vulnerable to unauthorized access since servers or communication companies may have unlimited and direct access to the electronic communication. It is also possible for emails to be sent erroneously to the wrong email address. My laptop is equipped with a firewall, virus protection and a password. I also use a HIPAA compliant online program (Zoom Pro) and a HIPAA compliant medical records software program. I do not use text messaging with couples in my practice. Emails are best used to communicate with me on weekdays during the hours of 9:00 am – 5:00 pm. When emailing me, always include your partner on the email as well. Emails are not to be used in a crisis or as a substitute for therapy.

For communication between sessions, I only use email communication with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges with my office should be limited to administrative matters. Please be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email and prefer that you do not either. Also, since I check my email account on weekdays during normal business hours, please do not use email if there is an emergency.

**SOCIAL MEDIA:**

I do not engage with current or former clients on social networking sites such as Facebook or LinkedIn. Adding clients as friends on these sites can compromise client privacy and confidentiality and potentially creates a dual relationship and violates professional ethics. I have professional accounts on Facebook and LinkedIn and if you choose to follow me, you may be compromising your confidentiality. Any comments that divulge personal information will be deleted at my discretion.

**HIPAA NOTICE OF PRIVACY PRACTICES:**

You have each received a HIPAA Notice of Privacy Practices therefore understand that information is almost always kept confidential by the psychotherapist and not revealed to others unless we give our consent. There are a few exceptions noted in the HIPAA Notice of Privacy Practices. Details about certain of those exceptions follow:

1. Allison Howe, LMHC is required by law to report suspected child abuse or neglect or elder abuse to the proper authorities. She is also mandated to report to the authorities clients who are at imminent risk of harming themselves or others for the purpose of those authorities checking to see whether such clients are owners of firearms and if they are, or apply to be, then limiting and possibly removing their ability to possess them.
2. If one of us tells Allison Howe, LMHC of an intention to harm another person, she must try to protect that person, including telling the police or the person or other health care providers. Similarly, if one of us threatens to harm ourselves or our life or health is in any immediate danger, the therapist will try to protect us, including by telling others such as relatives or the police or other health care providers who can assist in protecting us.
3. If we are involved in certain court proceedings, Allison Howe, LMHC may be required by law to reveal certain information about our treatment. These situations include child custody disputes, cases where a psychological condition is an issue for a client, lawsuits or formal complaints against the therapist, civil commitment hearings, and court-ordered treatment.
4. Allison Howe, LMHC may consult with other psychotherapists about our treatment but in so doing will not reveal our names or other information that would identify us unless specific consent to do so is obtained. Further, when Allison Howe, LMHC is away or unavailable, another psychotherapist may answer calls and so will need to have access to information about our treatment.

In all of the situations described above, we understand that Allison Howe, LMHC will try to discuss the situation with us before any confidential information is revealed and will reveal only the least amount of information that is necessary.

We agree that if relationship or parenting problems lead to legal disputes over child custody or visitation, that neither of us will require that Allison Howe, LMHC testify regarding custody or visitation. If a custody or visitation proceeding does occur, we agree that Allison Howe’s role will be limited to providing to a mental health professional appointed to perform a forensic evaluation, and/or to the attorneys, law guardian if any, the judge involved in the legal proceeding, written information regarding, and/or the record of, our treatment, Allison Howe, LMHC will provide these either by law or upon our authorization.

We understand that Allison Howe, LMHC will charge for services and her fee schedule is $300/hour for document preparation in her office, and $400/hour for deposition and/or court appearance or meetings with third parties such as attorneys. There will be a minimum billing of four hours/day for scheduled court appearances regardless of whether or not they are rescheduled by parties other than Allison Howe, LMHC.

**By signing below we are indicating that we have read and understood this form and that we give our consent to treatment:**

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

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

**Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDENDUM: INFORMED CONSENT TO COUPLE THERAPY VIA TELEHEALTH:**

(“Allison Howe, LMHC or “I” or “the psychotherapist”)

This form documents that we give our consent to Allison Howe, LMHC to provide psychotherapeutic telehealth treatment to us.

While we expect benefits from this treatment, we fully understand that no particular outcome can be guaranteed. We understand that we are free to discontinue treatment at any time but that it would be best to discuss with Allison Howe, LMHC any plans to end couple therapy via telehealth before doing so.

This **Informed Consent for Telehealth Couple Therapy** contains important information focusing on doing psychotherapy using the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**BENEFITS AND RISKS OF TELEHEALTH:**

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person psychotherapy and telehealth, as well as some risks. For example:

**Risk to Confidentiality:**

There is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

**ISSUES RELATED TO TECHNOLOGY:**

There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

**CRISIS MANAGEMENT AND INTERVENTION:**

Usually, I will not engage in telehealth with clients who are currently in a crisis requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during our telehealth work.

**EFFICACY:**

Most research shows that telehealth is about as effective as in-person psychotherapy. I have provided telehealth psychotherapy since spring of 2020. During this period, I have witnessed clients progress and move forward in their lives.

**ELECTRONIC COMMUNICATION:**

I use a HIPAA compliant online platform, Zoom Pro. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology. I have a high-speed internet connection to ensure that I can provide telehealth services effectively. I cannot assess your internet connection and encourage you check with your internet provider to ensure that you have a high-speed connection for our telehealth sessions.

**CONFIDENTIALITY:**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

**APPROPRIATENESS OF TELEHEALTH:**

I will let you know if I decide that telehealth is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

**EMERGENCIES AND TECHNOLOGY:**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you (518-258-5685).

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

**FEES & SCHEDULING:**

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. Fees have been discussed during initial telephone call. Fees are collected at the end of every session. I request that you provide a valid credit card that is kept with your file and will be charged after every session. Venmo is an option for you but it is not HIPAA compliant and therefore I cannot guarantee your confidentiality.

I use a HIPAA compliant online scheduler and here is the link:

[**https://go.oncehub.com/AllisonHoweLMHC**](https://go.oncehub.com/AllisonHoweLMHC)

**RECORD-KEEPING:**

The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

**CANCELLATION POLICY:**

I have a 24-hour cancellation policy for telehealth couple therapy.

Here is my policy:

* first late cancellation – I charge 50% of my fee.
* Subsequent late cancellations – I charge my full fee.

**INFORMED CONSENT TO TELEHEALTH COUPLE THERAPY:**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client(s) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist Date**