

Viatru Life Solutions, LLC
INFORMED CONSENT-CLIENT SERVICE AGREEMENT

Please read each section below in its entirety and provide your initials in each provided space. Thank you for choosing Viatru Life Solutions, LLC (VLS).

Introduction to Our Practice and Your Rights

Welcome to Viatru Life Solutions, LLC. Here at Viatru, our mission is to be a resource to the community, by assisting individuals and families with the challenges they face. We believe that everyone can benefit from connecting with a trusted professional confidant, who will provide assistance in discovering practical, proven, and productive solutions for living. We are solution focused and operate from a wellness model, seeking balance in emotional, physical, spiritual, social, and mental health wellbeing. Our goal is to assist you or your child with challenges you are experiencing and to provide an individualized plan to help meet the needs of your unique situation. We pledge to treat each and every client we serve with dignity, respect, and without discrimination for any reason.

Explanation of Services (Risks and Benefits)

This consent is intended to clearly explain the terms of a counseling relationship. Counseling has risk and benefits. Risks may include experiencing uncomfortable emotions, such as sadness, guilt, anxiety, anger, and frustration because the therapeutic process often involves discussing unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who engage in it. Therapy often leads to a 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. To increase the chances for success, this commitment requires a willingness on your part to actively participate in the sessions you attend and to provide feedback about the impact this seems to be having on your life. We will begin an initial assessment and will offer some initial impressions of what our work might include. We will schedule follow up sessions that can be arranged according to your schedule and specific situation. If you have any questions about our services or procedures, we should discuss them whenever they arise.

I have reviewed and understand VLS's practices regarding Explanation of Services (Risks and Benefits). _____ (initial)

Telebehavioral/Telehealth Counseling

Telebehavioral counseling, also known as telehealth counseling, is using HIPAA compliant video conferencing technology to deliver counseling services from a distance. VLS providers maintain best practice standards by only providing services in states where proper licenses and/or certifications are held. Providers can use telehealth technology to interact with or observe the client, to complete screenings and/or assessments, and to obtain diagnostic impressions. Telehealth counseling services and psychotherapy can be provided to individuals, couples, or groups.

I have reviewed and understand VLS's practices regarding Telebehavioral/Telehealth Counseling. _____ (initial)

Confidentiality (Including the Limits)

We value your need for confidentiality, privacy, and accessibility. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without permission, except where disclosure is required by law. In the state of Alabama, mental health practitioners are required to report suspected abuse or neglect of children and elders to authorities. We may also have to respond to court orders and subpoenas if required by a judge. Another mandatory reporting instance we are required to report is evidence that you are at imminent risk for harming yourself or another identified person. Otherwise, all information is confidential, but may be released to designated parties with your signed authorization. In regard to group therapy, the right to confidentiality is addressed in the group setting. However, VLS and group therapists are not responsible for any breaches of confidentiality by participating group members.

✚ I have reviewed and understand VLS's practices regarding Confidentiality (Including the Limits). _____ (initial)

Treatment of Minors

VLS specializes in treating adults and children. Children may receive services via individual, family, or group therapy. In many cases, steps will be taken to work with parents and legal guardians to best coordinate treatment. Depending on the age of the child, this communication may require his or her consent unless otherwise permitted in the aforementioned HIPAA Notice.

✚ I have reviewed and understand VLS's practices regarding the Treatment of Minors. _____ (initial)

Minors with Divorced/Separated/Estranged Parents

Services with children of divorced, separated, or estranged parents is done with the goal of providing an emotionally neutral setting for the child to process current concerns or emotions and to receive needed support. The usefulness of such therapy is extremely limited when the therapy itself becomes a matter of dispute between the parents or between the parents and children. With this in mind, in order to serve minors in a spirit of excellence we adhere to the following agreements in our services with minors:

- Counseling and therapy will not yield considerations about custody. We recommend that parties who are disputing custody consider participating in alternative forms of negotiation and conflict resolution, such as mediation or formal custody evaluations.
- The therapist of the minor child has the primary responsibility to respond to the child's emotional needs based upon a holistic perspective. This may include, but is not limited to, contact with your child, and each of his or her caregivers, and gathering information relevant to understanding the child's needs as perceived by other professionals involved in the child's life (i.e. pediatrician, teachers, etc.).
- We ask all parties to recognize and reaffirm to the child, that the therapist is the child's helper and is not allied with any disputing party or familial side.
- The therapist is not responsible for initiating or maintaining routine communication with parents who do not attend appointments or noncustodial parents. The expectation is that parents will engage in a healthy co-parenting relationship and will openly

Last, First Name of Client (Print)

communicate regarding the child in an effort to lessen the impact that changing family dynamics has on a child.

I have reviewed and understand VLS's practices regarding Minors with Divorced/Separated/Estranged Parents. _____ (initial)

Acknowledgement in Public Settings

If a VLS staff person or therapist encounters you in public, he or she will only acknowledge you if you greet or acknowledge them first. Out of respect for our client's privacy, we will not discuss any treatment related issues or services in public settings. Please do not be offended by our approach to public encounters. If contact is needed with staff or the therapist, we strongly encourage our clients to contact the office to speak with him or her in private.

I have reviewed and understand VLS's practices regarding Acknowledgement in Public Settings. _____ (initial)

Fee Schedule

VLS strives to provide quality services to each and every client. Our standard fees are described below:

- Initial Intake Assessment \$150
- Individual Sessions \$140 per 60-minute session
- Couple or Family Sessions \$175-\$225 per 60-minute session
- Emergency Appointments/Student (PK12) Crisis Evaluation \$225 per evaluation
- Report Preparation \$60 per hour for time it takes to fill out or write
- No-Show/Missed Appointment /Cancellations with less than 48 hours \$35-\$50

I have reviewed and understand VLS's practices regarding the Fee Schedule. _____ (initial)

Billing and Payments

Cash or credit/debit cards are acceptable payment methods. VLS does not accept personal checks. Clients (legal guardians of minors) are solely responsible for any fees not covered by their insurance provider.

- All co-pay, insurance, discounted rate, and deductible amounts are due on the date of service. If client payments are not made on the date of service, or if arrangements for an alternate payment plan have not been made prior to the scheduled visit, charges will be submitted using the credit/debit card on file.
- Any services that are not eligible for coverage through a client's insurance plan becomes the full responsibility of the client (legal guardian of a minor). If not paid on the date of service, these charges will be submitted using the credit card on file either on the date of service or when VLS receives notice that services have been denied. Receipts for charges will be mailed or emailed along with statements.
- Late cancellation or no-shows appointments will result in fees being submitted using the credit/debit card on file. These charges will be submitted on the date the date in which the service was scheduled.
- Default on any payment obligation may result in VLS forwarding information to collections. In the event that it becomes necessary to utilize a collection agency to resolve past due accounts, up to an additional 30% will be assessed to the account to cover the cost of this action.

Last, First Name of Client (Print)

I have reviewed and understand VLS's practices regarding Billing and Payments. _____ (initial)

Emergencies

Viatru Life Solutions, LLC does not provide 24-hour emergency assistance. If you are experiencing a clinical emergency (for example, if you feel you are at risk for harming yourself or harming someone else), please:

- consider calling the National Suicide Prevention Lifeline (1-800-273-TALK)
- call 911 and/or
- go to the nearest emergency room for assistance

I have reviewed and understand VLS's practices regarding Emergencies. _____ (initial)

Termination of Services

You have the right to terminate services at any time. If at any point during your care it does not appear that we are effective in helping you reach your goals, we can provide you with referral options. If at any time you want another professional opinion or wish to speak with another practitioner, we can also help with that process if you desire.

I have reviewed and understand VLS's practices regarding Termination of Services. _____ (initial)

Your signature below indicates you have read this Informed Consent-Client Service Agreement in its entirety and understand and agree to the outlined terms.

Printed Name of Client (14 and older)

Date

Signature of Client (14 and older)

Signature of Responsible Party (Required if client is a minor)

Date