



Christina Meighen, LLC  
1997 Annapolis Exchange Parkway, Suite 300  
Annapolis, MD 21401  
**410-424-5490**

## Informed Consent Form

Welcome to my private practice. This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to actively work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks.

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### Meetings

I recommend weekly sessions, which are usually 50-minute durations. For sessions held via video conference, I am required to verify your location each session. If you are not in the state of Maryland for the session, I cannot meet with you at that time. We will determine the length of treatment depending upon the situation and problems that need to be addressed. Once the appointment is scheduled you will be expected to pay for the service unless you provide 24-hour advance notice of cancellation. Should you not show for an appointment or cancel without 24-hour notice, you will be charged the fee of the session, which will be due at the next scheduled session. A session that is cancelled due to location (you are not in Maryland when the session begins) counts as not showing for an appointment. Exceptions could be made for sudden illness, emergencies, or inclement weather. I will also try to find another time to reschedule the appointment during the week. Please note, your insurance does not cover missed sessions, and

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you will be personally responsible for the reimbursement rate that would have been received by the insurance company, including the amount of any coinsurance and copays.

### Billing and Payments

You will be expected to pay for each session at the time of service is held, unless we agree otherwise. You can pay for the service online with a credit or debit card. In circumstances of unusual financial hardship, I will be willing to negotiate a payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is the client's name, the nature of service, and the amount due.

### Confidentiality

Precaution is taken in protecting confidentiality of visits, communication, and clinical records. I can release information about our work to others only with your written permission. To ensure quality of care, peer consultation may be obtained.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, involving your emotional condition, a judge may order records or my testimony if the judge determines that the issues demand it. However, there are a few exceptions. In some situations I am legally obligated to take action to protect you or others from harm. If I believe that a child, elderly person or disabled person is being abused, I am required by law to file a report with the appropriate state agency. Also, if you have been physically or sexually abused in the past and the abuse had not been reported to the proper authorities, I must report even if the perpetrator is deceased. If I believe that a client is threatening seriously bodily harm to another (including deliberate intent spread of HIV/AIDS), I may be required to take protective actions. These may involve notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself, I may be obligated to seek hospitalization for the patient, to contact a family member or others who can help provide protection.

### Professional Records

The laws and standards require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

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### Professional Fees

My hourly fee varies depending on the type of service and the duration of the session. I do participate with some insurance providers and agree to accept their payment (and any coinsurance or copayments) as payment in full for each service.

Individual initial evaluation (90791), 55-minutes - \$130.00

Individual session (90837), 50-minutes - \$120.00

Court fees, composing documents per hour - \$250.00 (copies per page of records - \$.20)

### Contacting Me

I am often not available by telephone when I am with a patient. Before or after hours, I will make every effort to return your call within 24 hours or same day with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that your condition is such that you cannot wait for me to return your call, contact your family physician; or contact the nearest emergency room and ask for the crisis counselor on call; or contact the **Maryland Crisis Hotline at 1-800-422-0009**. Although I have a business email address, the best way to contact me or leave a message is via my phone. If I will be unavailable for an extended time, I will provide you with the name and number of a colleague to contact, if necessary. Please be aware that emails sent to me will not be secure. If I initiate contact with you through email it will be through a secure email system.

### Social Media Policy

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc: It is my policy not to accept "friend" or "connection" requests from any current or former client on my personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship. However, Christina Meighen, LLC has a professional Facebook page. You are welcome to "follow" me on this professional page where I post counseling information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Christina Meighen, LLC. Please refrain from making contact with me using social media messaging systems such as Facebook Messenger. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

### Informed Consent for Telemental Health Services

I hereby consent to engaging in distance counseling with Christina Meighen, LCPC as part of my psychotherapy. I understand that distance counseling includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using

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interactive audio, video, or data communications. I understand that I have the following rights with respect to distance counseling:

—I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

—The laws that protect the confidentiality of my medical information also apply to distance counseling. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

— I understand that there are risks and consequences from distance counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. These risks are offset by my therapist's use of a HIPPA-compliant service which is encrypted for video telemental health communications. Further, the contents of my therapist's computer are encrypted.

—I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to face services, group therapy), I will be referred to a psychotherapist who can provide such services in my area. —I understand that I may benefit from distance counseling, but that results cannot be guaranteed or assured.

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I, the patient, have read, understand, and accept the above business policies, and agree to be responsible for all charges incurred.

I, the patient, have been provided with a copy of the Notice of Privacy Practices of Christina Meighen, LLC and have been given the right to review the Notice of Privacy Practices prior to signing this document.

I, the patient, consent to psychotherapy services and treatment for myself and have voluntarily given consent to the use and disclosure of my protected health information by Christina Meighen, LLC for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct Christina Meighen, LLC health care operations.

\_\_\_\_\_  
Signature of Patient (SEAL)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient