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Explanation of Services & Informed Consent

Thank you for choosing to work with me as you address some of the most important issues in your life. I intend to provide you with competent and ethical services that make the best use of your valuable time, while honoring the challenges that have brought you here. **You may request, or print from my website, a copy of this form for your records.** Allow me to share a bit about the structure of my practice:

SERVICES

- I provide general individual and trauma-focused therapy, and am happy to discuss these options with you.
- I work alone, but not in isolation. I do meet with colleagues and we provide ongoing supervision for each other. Any information I share about you will be anonymous and for the purpose giving you the best service possible.
- I make the assumption that you can change and grow, and that some of this change can occur in a relatively short period of time. I strive to do brief and effective treatment, however, the more complex your history, the longer your therapy is likely to require. I view the therapeutic relationship as a partnership that is principally dedicated to your growth and to finding solutions. Part of my job is to remind you of your own strengths and abilities while you go about the business of creating more of the type of life that you want.
- As with nearly any type of treatment, there is the chance that it may not be helpful. The “fit” between client and therapist is usually a key to good treatment outcome. In the beginning of treatment, things may feel worse before they feel better. Therefore, **I want to hear from you throughout our work together about how I am doing—so that I can make needed adjustments to help you more effectively.**
- I do not have the staff to manage crises on days and times when I am not in the office, and encourage my clients to utilize other crisis services (if needed) during those times. These include calling a friend or family member, 1-800-273-TALK (8255) the national crisis hotline, 911 (or your country’s emergency response number), your psychiatrist, or going to your nearest hospital emergency room.

EMDR

- Though I use many modes of therapy to help you achieve your goals, EMDR (Eye Movement Desensitization and Reprocessing Therapy) is at the core of how I practice. The risks and benefits of using EMDR in your treatment will be an ongoing conversation in our work together, however in entering treatment with me you are acknowledging:
- That you are aware that distressing, unresolved memories may surface through the use of the EMDR procedure. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.
- And, that subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

ONLINE THERAPY/TELEMENTALHEALTH

- Online therapy has been shown to be as effective as in person therapy, however there are a few additional considerations:
- You must agree to share your physical location at the start of each session so that I am able to get help to you if necessary.
- You also agree to provide a copy of your photo ID so that I may confirm your identity.
- And, you agree that you are aware that I am licensed in Ohio, USA, and am only able to work with you if you are physically in Ohio, or abroad during your appointment. I am also able to work with international clients in many cases.
- In the case of phone appointments, is also important to be aware that phone sessions have limitations compared to in person and video sessions. For example: visual cues are not available.
- Online appointments will be done using the HIPAA compliant platform doxy.me. You can enter my virtual waiting room at <https://doxy.me/jessicacampbell>.
- Many insurance companies will not reimburse for online therapy - yet! So, you may be responsible for 100% of your fee.
- Online and phone therapy **may** not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts.
- Your therapy is important and often difficult work. You are agreeing to take online communication seriously, and will use the instructions and tips I have provided on my website at www.jessicacampbellonline.com/online-counseling to prepare for your sessions.

APPOINTMENTS

- Scheduling of appointments can be done at your convenience, 24/7, through my website or your onpatient.com portal.
- When you schedule an appointment, I reserve that time specifically for you. If you need to cancel, please give me at least **24 hours notice** so that I may offer that time to someone else. The **fee for late cancellations or no shows is \$50**.
- If you are late for an appointment, the session must still end at the scheduled time, as there will usually be someone else waiting for the next appointment time.

CONFIDENTIALITY

- I will make every effort to keep your protected health information (PHI) private. If you wish to have information released, you will be required to sign a consent form allowing me to do so. I am required by law to release your PHI without additional consent in certain situations, including, if you pose a clear risk to yourself or another person, if I am made aware of child or elder abuse, or if I am subpoenaed by a court of law. By signing this document, you are affirming that you have read and understood the full version of my Notice of Privacy Practices, available on my website, jessicacampbellonline.com, or that a copy has been provided for you.
- Email, cell phone, and text messages - Please be aware that these methods of communication cannot be guaranteed to be confidential. If you choose to email me from your personal email account, it is best to limit the content to housekeeping issues such as scheduling and changes in contact information. Likewise, text messages are not necessarily confidential. If you choose to use these methods of communication, please be aware of any friends, family or co-workers who may have access to your phone or computer. **If you choose to contact me regarding PHI using these methods, you acknowledge that you are also stating your preference and consent for me to communicate with you using these unsecured methods. You always have to option of secure communication using your onpatient.com portal email and Signal for text messaging. I do encourage you to use them.**
- If you wish to use email as a way to “journal” information between sessions or to contact me regarding a private matter, it is best to do so through your OnPatient.com portal which is encrypted for your protection. Also, you understand that I may not have the opportunity to review your journal emails until our next scheduled session.
- Telephone and online therapy - I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications will not occur. I use an encrypted, HIPAA compliant electronic health record to store your PHI as well as to conduct online therapy sessions.

CONFIDENTIALITY AND SOCIAL INTERACTIONS

- If we happen to run into each other socially, I will never acknowledge working therapeutically with you.
- In order to protect our relationship, I cannot accept invitations to social events or social media requests.

MINORS

- If you are bringing your child/teen to me for treatment this agreement also serves as consent for me to treat your child and to include you, as necessary, in your child’s therapy. You also acknowledge that though you have a right to information about your child’s treatment, it is usually best not to ask for specific information about what was said in sessions because this might break the trust the child builds with me, especially for children over the age of 12.
- It is best, when a child has two parents, for both to parents to be involved and cooperative with the therapeutic process. If both parents are consenting to therapy: Each agrees to not end the child’s therapy without the agreement of the other and that if you disagree, every effort will be made to come to an agreement before ending the child’s therapy. Each agrees to cooperate with the child’s treatment plan and understands that without mutual cooperation I may not be able to act in the child’s best interest and may have to end therapy. And each agrees that both have rights to information regarding the child and that I may release information to either parent without any additional authorization from the other.
- You are also acknowledging that, as the parent/primary caregiver of your child, you have a significant impact on your child’s ability to grow and heal and you may be asked to make certain adjustments in the home and relationship with your child.

TERMINATION OF COUNSELING

- Counseling is typically ended when it is reasonably clear that the client no longer needs care and/or has achieved their goals. It is helpful to have a final session to review progress made and plan for next steps. If you do not show up for appointments or simply stop coming, I will assume you want to discontinue your therapeutic work and I will close your file. In most cases, you are welcome to contact me to schedule for additional therapeutic work at any time in the future.

ADJUNCT SERVICES AND FEES

- **Legal** - If you are involved with the judicial system for divorce, custody, injury, criminal or any other reason, you are agreeing that neither you nor your attorney, nor anyone acting on your behalf will call on me to testify in any proceeding, nor to disclose your therapy record. If my involvement in a proceeding becomes unavoidable, you will be expected to pay for all of my qualified time including planning and transportation costs. Due to the complexity of legal involvement my fee would be \$200 per hour. If you are looking for a therapist for legal/forensic reasons, I am happy to give you a referral.
- **Documents** - I **do not provide written documentation or completion of forms** requested by you or other agencies (i.e. Social Security Administration, short-term disability companies, etc.). However if formal request is made and unavoidable, my full session rate of \$150 will be broken down into 15 minute increments to determine cost of service. This fee also applies to any other professional service requested outside of the normal therapy hour, including letter writing, phone calls longer than 15 minutes, treatment summary preparation, etc.

FEES & INSURANCE

- **Self Payment** - My standard rate is \$150 for a 55 minute session. I also offer a sliding fee scale based on demonstrated need. Payment is expected before or at the time of service. Fees will be re-evaluated yearly and on a case by case basis.
- **Out-of-Network Insurance** - If I am not in your insurance network of providers, I can give you a "superbill" so that you may request compensation from your insurance company.
- **In-Network Insurance** - If you will be using your insurance benefits for payment, it is your responsibility to be familiar with your insurance coverage, including if it covers online therapy, and to obtain any preauthorization if needed. If you do not know your coverage, you will be responsible for payment in full until I receive explanation of benefits from your insurance company. Your co-payment/deductible amount is due at the time of services and, if for any reason your insurance company does not pay for services, you will be responsible for the balance of your bill. Please be aware that your insurance company will require me to provide a clinical diagnosis.
- I accept cash, checks, and all major credit cards. Online appointments should be paid in advance via my website using Square, or you can give me a card to keep on file with Square that I will charge for you. There will be a \$25 fee for returned checks.

We will discuss this form during your first session. If you have questions about any of the above prior to that time, please use the "contact me" form on my website, text/call me at (513) 305-1437, or use your onpatient.com portal if activated.

By signing below you are agreeing to accept both my professional services (for yourself and/or your minor child) as well as to pay my standard fee of \$150 per session (or agreed reduced rate) for these services if self paying, OR giving authorization for me to submit claims to your health insurance company for services rendered, to be paid directly to me, and authorizing me to release pertinent information to your insurance company. You also understand that I use a billing service and you are authorizing pertinent information to be released to that service. You are also agreeing that your financial relationship with me will continue until you inform me in person that you wish to end it and that you have read and agree to act according to everything stated in this document.

Signature

Print Name

Date