

GROWTH AND GRATITUDE

Online Therapy

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Growth and Gratitude, LLC
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FLORIDA LICENSE: SW17540
COLORADO LICENSE: CSW.09923224
ILLINOIS LICENSE: 149015355

Disclosure of Information and Informed Consent of Policies and Practices

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Disclosure of Information and Informed Consent

Growth and Gratitude, LLC provides therapy to clients on a fee-for-service basis who have, of their own free will, read, understood, and consented to the following policies and procedures. Consent is indicated by using initialing, signing, and dating below. Annually, or, any time there are any changes to the following policies and procedures an updated signed and dated consent will be completed by the client and added to their file.

Growth and Gratitude, LLC is owned and operated by Dr. Daniel Sneider-Cotter, Ed.D., LCSW, who holds the following qualifications to practice as a Therapist and Licensed Clinical Social Worker (LCSW) in Florida, Colorado, and Illinois:

- Bachelor of Arts (BA) degree in Psychology from the University of Wisconsin - Madison
- Master of Social Work (MSW) degree from the University of Illinois - Chicago
- Doctor of Education (Ed.D.) from the University of Colorado - Denver
- Licensed Clinical Social Worker in:
 - Illinois (149015355)
 - Colorado (CSW.09923224)
 - Florida (SW15740)
- Certified Trauma Focused - Cognitive Behavior Therapist

A Cognitive Behavior Therapy (CBT) approach is used during sessions to assist clients with their presenting issues. This form of therapy has been rigorously researched and practiced for decades and can be effective in treating a variety of mental health issues. It has a low risk for causing damage or harm and is a widely used form of talk therapy that has a high probability for success. The Therapist and client will engage in a conversation during the initial intake session that will include the Therapist evaluation and consideration of the presenting problems, proposed method of treatment, and establishment of general goals and treatment plan. As therapy continues, this conversation will continue and evolve. Benefits from Therapy can be expected but specific outcomes are not guaranteed. Clients always have the option to pursue alternative forms of treatment, as well as doing nothing, however, CBT has been demonstrated to be a highly effective option for many clients dealing with a wide array of issues. Therapy can, at times, cause upsetting feelings to emerge and issues may temporarily worsen before improving. This is part of the normal process of Therapy. The Therapist and client will engage in a conversation during the initial intake session that will include the Therapist evaluation and consideration of the presenting problems, proposed method of treatment, and establishment of general goals and treatment plan. As therapy continues, this conversation will continue and evolve.

Other specialized techniques will be discussed with the client prior to application and include but are not limited to: Trauma Focused - Cognitive Behavior Therapy and Emotional Freedom Techniques (EFT).

I understand that by initialing here: _____ I acknowledge that I have read, understood, and consent of my own free will to becoming a therapy client with Growth and Gratitude, LLC and have been made further aware that I can discontinue treatment at any time, am always entitled to seek out a second opinion, seek out care from another provider, and it is my responsibility to ask any additional questions that I have about the qualifications or practices used by the Therapist.

Telehealth Assisted Consent for Online Therapy

Growth and Gratitude, LLC is a 100% online therapy private practice that provides all of its services through electronic means via phone or internet. Standard sessions are 50 minutes in length and are facilitated through a secure online video conference tool. To access this service, a computer connected to a password protected WiFi network at a speed able to handle video conferencing is required. It is the responsibility of the client to ensure that their technology is compatible with these expectations.

Limited consultation and other communication services are also provided by phone. Phone calls will be answered when possible and returned within 72 hours when not. It is recommended that the caller leave a voicemail message with their first name, their state of residence, and preferred callback number. **In the event of an emergency, clients should immediately call 911.** Once a therapeutic relationship is established, by completing this form and an initial session, additional phone consultations can be scheduled with the therapist and at a 40\$ per 20min charge.

Emails are used only for scheduling or cancelling an appointment and must be from your personal email account only. Do not email content related to therapy sessions because such communication may not be secure nor confidential. Nor should you use emails for emergencies and crisis because the Therapist has limited business hours. Email is checked at least once per day on weekdays and at least once per weekend. All emails will receive a reply within 72 hours. Emails received from you and sent to you become part of your clinical record.

The Therapist does not respond to mobile phone text messages (SMS) so please do not send them. This type of communication can compromise confidentiality. Any text message received is documented in your clinical record and

will be generally to via email. Please schedule a 20min phone consultation if needed as this is the best way to communicate in real-time on short notice.

The potential **benefits** of leveraging technological tools for Therapy are important to understand when using this service:

1. Easy access to lots of providers! Sign on from your device at the quiet, comfortable, and secure location of your choice and research the most appropriate provider for your needs.
 - a. An intake phone call can be easily scheduled to ensure that client and provider are a good match for services with minimal time, effort, or dollars spent.
2. Relief from the discomfort and inconvenience of commuting to and from an office setting.
 - a. Couples with young children and/or busy work schedules will put off therapy because of the challenges related to meeting at an office and/or being restricted to typical working hours. Adults who experience anxiety or depression can similarly miss out on important treatment work due to access issues.
3. Sessions take place at a preferred location for both parties leading to greater equity in the relationship.
 - a. There is no power imbalance imposed by an office setting when meeting online!

There are some **limitations** when technology is used exclusively in Therapy that are critical for each individual to consider:

1. Humans are living and breathing physical beings who communicate partially through body language and other sensory means that are best translated when in the same room as the person you are talking to.
 - a. Dr. Dan has been providing Online Therapy successfully since 2017 and utilizes mindfulness practices and dialogue to ensure that the body and its senses are incorporated into sessions.
2. Online therapy is not best suited to working through addiction issues due to its higher risk nature.
 - a. Addiction issues are better suited to in-person and intensive therapy modalities
3. Similarly, higher risk cases in general, are not an appropriate fit for online therapy. This includes, but is not limited to, suicidality, hallucinations, physical violence, etc.
 - a. Again, these needs are outside the scope of exclusively online therapy and represent a risk to the client. Better care can be found in-person and with intensive support.

There are a great and growing number of high quality research articles that have focused on the risks and benefits of online therapy and the general consensus is that not only does online therapy work, but that it can be just as, and sometimes more, effective than traditional in-person talk therapy. Corroborating articles and research can be provided upon request.

Growth and Gratitude, LLC does not use or allow any recordings to be taken of or during sessions. This decision is made to protect all parties involved and maximize the safety and security of the confidential and private session.

Video conferencing services, email, and phone calls will be routed through Google G Suite applications that are part of the BAA between Google and Growth and Gratitude, LLC. Documents and clinical records will be stored electronically on a secure server that maintains duplicate backup copies in accordance with your privacy rights. Records will be maintained in this manner for the duration of what is required by law, which in many states is 7 years.

Social Media Policy

Social Media is used by this practice as a professional resource to connect with and inform the public about available services. Articles relevant to the practice of Therapy are frequently shared as well as updates including, but not limited to, changes to available hours, services, fees, and workshops.

Growth and Gratitude, LLC uses platforms such as LinkedIn and Facebook, as well as Google, to seek and share information, provide professional services, and send and receive information.

Search engines are not used to seek information about you. A rare exception would be during a crisis when there is reason to suspect that you may be in danger to yourself or others and other resources have been exhausted. Should this ever occur, it will be documented in your clinical record and discussed at your next session. If you decide to use search engines to seek information about your Therapist, it is recommended that you discuss any concerns that you may have at your very next session.

'Friending' or 'Following': 'Friend' or 'Follow' requests from current or former clients on social networking sites may compromise confidentiality, the therapeutic relationship, and are not accepted. There will be no 'friending' via social networking sites such as Facebook and LinkedIn. If there is content you wish to share from your social media site, bring it to a session for discussion.

Growth and Gratitude, LLC does not follow current or former clients on any platform. Doing so may negatively influence the therapeutic relationship. Articles may be published on the professional website and offer information about the practice, but there is no expectation for you or any client to 'follow' on any platform or read articles that are posted. If there is content you wish to share from your online site, you may bring it to your next session for discussion.

Separate Accounts: Growth and Gratitude, LLC maintains a professional social media account which is used solely for professional matters. No information about you will be revealed through the website, nor will there be an online relationship with you through this professional site. You are not expected to respond or comment on anything that is posted. You will not receive responses publicly to any comment you make online from Growth and Gratitude, LLC. If you have a concern about anything that is posted, please discuss it at your next session. Dr. Dan maintains a personal account which is separate from his professional account and is used for non-professional activities. No information about you will be posted on that personal account.

If you have any questions about this social media policy, please ask. Should there be any changes to this policy, you will be informed.

Scheduling - Fees - Cancelled/Missed Appointments

I have fully discussed with the Therapist what is involved in Therapy and I understand and agree to these policies about scheduling, fees and missed appointments. I understand that I am fully financially responsible for these fees. I understand that payment will be due in full prior to the start of the scheduled session. Each session is individually booked and scheduled for a specific person at a specific time and that payment secures the spot.

I understand that it is my responsibility to communicate with the Therapist via phone or email to appropriately schedule appointments. Further, I acknowledge that the Therapist works in the Eastern Time Zone and schedules sessions accordingly.

I understand that I will be personally responsible for **payment in full for any missed/cancelled session** if I do not give the Therapist **at least 24 hours advance notice** of the cancellation (cancellation can be made by voicemail or email).

Fees are set at the following rates for service:

- Initial 20min Phone Consultation: FREE
- Additional 20min Phone Consultation: \$40

- Video Standard Session: 50 minutes \$135
- Video Extended Session: 80 minutes \$185

I understand that the Therapist uses a secure electronic platform, Square, for billing purposes and I will be asked to provide a credit/debit card to be placed on file. This will be used to hold scheduled sessions and bill for services on the day of the session. I understand that it is my responsibility to research this tool to properly educate myself on the ways that it will safeguard my Protected Health Information (PHI). I acknowledge that it is my responsibility to deny any communication in the form of text, email, phone call, and/or calendar reminders, as well as any other exchange that contains my PHI from Square as this form of communication is not protected by their BAA because it is not HIPAA compliant.

By initialing here: _____ I acknowledge that I have read, understood, and agreed to the above policies and practices.

Should the Therapist need to cancel a session with less than 24 hours notice there will be every effort made to schedule a 'makeup' session within the next week or whenever is soonest and mutually agreeable. This will only occur rarely and every effort will be made to communicate well in advance of the scheduled session.

Confidentiality

I have received a copy of HIPAA Notice of Privacy Practices from the Therapist. I understand that information about Therapy is almost always kept confidential by the Therapist and not revealed to others unless I give my consent. There are a few exceptions as noted in the HIPAA Notice of Privacy Practices. Details about certain of those exceptions follow:

1. The Therapist is required by law to report suspected child abuse or neglect to the authorities.
2. If I tell the Therapist that I intend to harm another person, the Therapist must try to protect that person, including by telling the police or the person or other health care providers. Similarly, if I threaten to harm myself, or my life or my health is in any immediate danger, the Therapist will try to protect me, including by telling others such as my relatives or the police or other health care providers, who can assist in protecting or assisting me.
3. If I am involved in certain court proceedings, the Therapist may be required by law to reveal information about my treatment. These situations include child custody disputes, cases where a therapy patient's psychological condition is an issue, lawsuits or formal complaints against the Therapist, civil commitment hearings and court-related treatment.
4. If my health insurance or managed care plan will be reimbursing me or paying the Therapist directly, they will require that I waive confidentiality and that the Therapist give them information about my treatment.
5. The Therapist may consult with other Therapists about my treatment, but in doing so will not reveal my name or other information that might identify me. Further, when the Therapist is away or unavailable, another Therapist might answer calls and so will need to have some information about my treatment.
6. If my account with the Therapist becomes overdue and I do not pay the amount due or work out a payment plan, the Therapist will reveal a limited amount of information about my treatment in taking legal measures to be paid. This information will include my name, social security number, address, dates and type of treatment and the amount due. If any accounts are more than 90 days past due, the Therapist will add a 10% interest charge each month thereafter.

Growth and Gratitude, LLC cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You are also advised that any email sent via computer in a work-place environment is legally accessible by an employer. Communication via email or text messaging for issues regarding scheduling or cancellations

will be used as necessary to coordinate care but will not be used by the therapist as a part of treatment. While messages will be returned in a timely manner, immediate response cannot be guaranteed. It is requested that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Therapists are ethically and legally obligated to maintain records of each meeting, phone call, or any correspondence via electronic communication such as email or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, the Therapist must comply.

I understand by initialing here: _____ I acknowledge receipt and understanding of the NPP provided by Growth and Gratitude, LLC

In all of the situations described above, I understand that the Therapist will try to discuss the situation with me, or notify me, before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

I understand that the Therapist **cannot provide emergency service**. The Therapist has told me whom to call if an emergency arises and they are unavailable. In any case, I understand that in any emergency, I may call 911 or go to the nearest hospital emergency room.

Should the Therapist determine the need to contact someone in an emergency, I have also provided prior authorization for the Therapist to contact either of the two emergency contact persons I have listed here. This authorization is provided in the event that it is deemed necessary for my health and safety or the safety and health of others to contact them. I understand that if I want to make any changes to this authorization that I must do so in writing:

- Emergency Contact #1 _____
Name Phone #
- Relationship to Client: _____
Date
- Emergency Contact #2 _____
Name Phone #
- Relationship to Client: _____
Date

I have also provided the Therapist with prior authorization to contact the local police department should there be an emergency.

Local Police Department phone #: _____

Court and Litigation

If you are involved in divorce, custody, or any other litigation, please understand that the role of a Therapist is not to make recommendations to the Court concerning parenting or custody issues, nor to testify in Court concerning an

opinion or issue involved in the litigation. By signing this disclosure statement you agree to not use or subpoena the Therapist as a witness in any such litigation. Only Court appointed evaluators can make recommendations to the Court on disputed issues concerning parental responsibilities and parenting plans. Information discussed in therapy is meant for your exclusive use in healing and growth. Evaluations to be used for legal purposes should be obtained from a non-treating mental health professional independent of the therapy.

If you decide to waive your privilege or the Therapist is otherwise compelled to appear in a legal setting, you agree to pay 2X the normal hourly session rate to account for time spent preparing documents, commuting, attendance, etc. You also agree to pay for any copies of paperwork or clinical records that are required at the hourly phone consultation rate.

I understand by initialing here: _____ I acknowledge receipt and understanding of this Growth and Gratitude, LLC policy and practice.

Grievances

The relationship between Therapist and client is built on mutual trust and understanding. The client is entitled to: Know the qualifications/methods/techniques of their Therapist, an expectation of confidentiality as discussed above, treatment within the scope and expertise of the provider, a transparent fee structure, freedom from inappropriate sexual conduct, discontinue Therapy, and/or seek out a second opinion.

I understand that by initialing here: _____ I acknowledge that I have a right to ask the Therapist about the Therapist's training and qualifications and, when necessary, to file grievances about the Therapist's professional conduct in writing to one of the following governing bodies:

Department of Health
Board of Mental Health Professions
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350, Denver, CO 80202

Department of Financial and Professional Regulation
Division of Professional Regulation
Complaint Intake Unit
100 West Randolph Street, Suite 9-300
Chicago, IL 60601
Phone: 312/814-6910

Records

Growth and Gratitude, LLC utilizes evidence-based assessment tools at intake, irregular intervals, and termination to ensure that client needs are communicated, within the scope of service for this 100% Online Therapy practice, and measure client progress and change. These tools will be maintained as part of the client's clinical records.

Requests for records must occur in writing to the business address listed for Growth and Gratitude, LLC and include a handwritten signature from the client or authorized representative. Additional Release of Information (ROI) to any third party must occur in writing and include a handwritten signature from the client or authorized representative.

Record retention: Designated records must be held in a secure place for 7 years after termination of the therapeutic relationship. Records are generally stored electronically in a secure and HIPAA compliant manner consistent with the practices described above.

In the event that the Therapist is no longer able to secure and monitor access to your mental health record, due to incapacity or death, a professional representative will be named to act on your behalf to ensure records are maintained and accessible for as long as necessary to satisfy legal obligations. Similarly, should Growth and Gratitude, LLC cease to exist, it is the professional standard for the Therapist to maintain records.

Termination

All relationships, including Therapy, must come to an end. When this occurs, a termination focused session may take place that attempts to review the work conducted to that point in therapy and discuss plans for the future. Please see 'Records' section above for the policies involving the storage and maintenance of records.

I acknowledge by initialing here: _____ that the Therapist or Client reserves the right to terminate the relationship for any reason, including but not limited to whenever, in the opinion of either party, an effective therapeutic relationship cannot be established or maintained.

I acknowledge by initialing here: _____ that there is an office policy that if there is no contact within a 90 day period of time your case will be closed.

By signing below I am indicating that I have read and understood this form in its entirety and that I give my consent for treatment.

Signature: _____

(Patient or Authorized Representative)

Date: _____

Signature: _____

(Patient or Authorized Representative)

Date: _____

Signature: _____

(Patient or Authorized Representative)

Date: _____