

COUNSELING STRATEGIES, LLC
NOTICE OF PRIVACY PRACTICES CONSENT

This form is an agreement between you and Counseling Strategies, LLC.

NOTICE OF PRIVACY PRACTICES CONSENT

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law calls "protected health information" (PHI) about you. We need to use this information in our office to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others to arrange for insurance reimbursement, to help carry out certain business or government functions, or to help provide other treatment to you. By signing this form, you are also agreeing to let us use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read or heard our notice of privacy practices, which explains in more detail what your rights are and how we can use and share your information.

If you do not sign this form agreeing to our privacy practices, we cannot treat you. In the future, we may change how we use and share your information, and so we may change our notice of privacy practices. If we do change it, you can get a copy from our website, www.counselingstrategiesllc.com, or from Amanda J. Moeller, M.Ed., LPC.

If you are concerned about your PHI, you have the right to ask us not to use or share some of it for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to accept these limitations. However, if we do agree, we promise to do as you asked. After you have signed this consent, you have the right to revoke it by writing to our privacy officer. We will then stop using or sharing your PHI, however, a revocation is not valid to the extent that we have previously acted in reliance on such authorization.

By my signature below, I hereby acknowledge that I have received a copy of the Notice of Privacy Practices and consent to the use of my protected health information as permitted or required by law.

CLIENT NAME _____

BIRTH DATE _____

CLIENT OR PARENT/LEGAL GUARDIAN SIGNATURE

DATE

I have discussed the issues above with the client or client's parent/legal guardian. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

AMANDA J. MOELLER, M.ED., LPC

DATE

COUNSELING STRATEGIES, LLC
CONSENT TO TREATMENT

This form is an agreement between you and Counseling Strategies, LLC.

CONSENT TO TREATMENT

I do hereby seek and consent to take part in the treatment by Amanda J. Moeller, M.Ed., LPC via telemental health. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

The therapist and I have discussed my or my child's situation. I have been informed of the risks and benefits of treatment, have had my questions answered, and believe I understand the treatment that is planned. I have read and been provided a copy of the document entitled Confidentiality and Client Rights. A copy of this document can be found on the website, www.counselingstrategiesllc.com, or from Amanda J. Moeller, M.Ed., LPC.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist. I am aware that I may stop my treatment with this therapist at any time. I agree to play an active role in this treatment as needed, and I give this therapist permission to begin treatment, as shown by my signature below.

CLIENT NAME _____

BIRTH DATE _____

CLIENT OR PARENT/LEGAL GUARDIAN SIGNATURE

DATE

I have discussed the issues above with the client or client's parent/legal guardian. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

AMANDA J. MOELLER, M.ED., LPC

DATE