

I'm glad you're here. Let's find what's in the way of you feeling better. Let's talk about your life. We'll cover some concepts, tools and skills, process what's holding you back, help you heal from the past and work on whatever is your way. You're not alone. We'll deal with it together.

Please fill out the information below, review and sign the form. Then upload it to Acuity using the link in your appointment confirmation email.

Name: Date:

Mailing Address: City:

State/Province: Postal Code: Country:

Physical Address: City:

State/Province: Postal Code: Country:

Age Date of Birth / / Birthplace Gender:

Emergency Contact: Who would you want to support you after session? This emergency contact would also serve in case of a medical or mental health emergency.

Name and relationship:

Phone:

Email:

Address:

How would you like me to contact you? (HIPAA and GDPR require me to receive permission from you.)

Opt-In: Email ok Phone call ok Voice Mail ok Text ok

Preferences: Email preferred Phone call preferred Text preferred No preference

Telephone number(s):

Email:

I am a licensed Marriage and Family Therapist in California and a Licensed Professional Counselor in Colorado. Throughout, I use the generic term “therapy” to refer to therapy or counseling, whichever is applicable to your location.

INFORMED CONSENT

The following is to give you enough information to give Informed Consent to therapy.

1. The Purpose and Process of Therapy is to help you to heal, learn to cope and feel better. The process of therapy involves us talking about the issues you would like to work on and working on them. This will generally include relaxation exercises, developing or using already established skills for self-soothing and managing your emotions, and then using a variety of therapy approaches, including trauma processing to heal from bad experiences in the past. Regular weekly sessions help build and maintain momentum for healing.

2. The Risks and Benefits of Therapy: The benefits of therapy are many: healing, relief from symptoms, ability to manage issues, feeling hopeful, healthier and happier. The risk is that there may be times that we will talk about painful experiences. Therapy may temporarily make the pain worse and may bring up the hurt from old emotional wounds. It is also possible that my approach may not work for you. There are no guarantees. However, based on our video call, I believe that I can help. I will use all my knowledge, training, and expertise to customize our work to you, your needs and preferences. I hold an intention that therapy will help you feel better. By choosing to do therapy, you are making a wonderful commitment to your Self.

GENERAL INFORMATION AND OFFICE POLICIES

3. General Guidelines: Paperwork must be completed before we start working together. Payment is made before each session. The last pages of this document give suggestions on how to prepare for session. Please follow the initial set-up steps at least a day before session. If you have any problems, contact me. Also, I encourage you to plan to take some time to do self-care, be kind to yourself and focus on what you need after session. Often, it's helpful to have a glass of water and go for a walk outdoors.

4. Outside of session communication

4a. Availability: My work days are Sunday to Thursday. If you need to reach me and I am not available, please leave me a message or email and I will get back to you. Please keep in mind that I cannot provide support in case of emergency. In our first session, we will talk about your local emergency resources. Item 38, below, covers general Emergency Resources.

4b. Appointment reminders: With your permission, the Acuity app will send you a reminder.

4c. Brief emails are fine. Any emails that take more than 5 minutes to review and answer need to be discussed. If you wish to add email or message-based therapy, please let me know.

4d. Communication during time off: On days off and vacations, I do not answer phone calls or check email.

4e. Emergencies: In case of crisis, please telephone a crisis line. In case of mental health emergency such as imminent suicide or homicide, please go to your nearest mental health crisis center, emergency department, accident and emergency (A&E), hospital or police station. In our first session, we will talk about your local emergency resources. Item 38, below, covers general Emergency Resources.

PRIVACY POLICIES

5. Confidentiality: Health Information Portability and Accountability Act (HIPAA) and General Data Protection Regulation (GDPR) confidentiality standards go into effect when you become a client. You become a client after we have a free consultation to determine whether we would work well together and you have completed and paid for your first session.

6. Protection: HIPAA in the US and the GDPR in the EU require that I protect all information about you. This includes your name, phone number, contact information, IP address of any device you might use to communicate with me and all health information.

GDPR requires that I notify you of the purpose for which I collect information about you and the records I keep. I collect information for contractual purposes, to fulfill my obligation to you, therapist to client. I collect name, contact and emergency contact information and mental health information in order to serve your mental health needs. I use paper records that are securely stored. I collect and store credit card information for payment purposes.

I use Acuity for scheduling integrated with Square for payments and Zoom, GoToMeeting or RegroupConnect for video conferencing. I have HIPAA compliant Business Associate Agreements with the above service providers that they will only use your information as necessary in the course of providing services. They will not use it or sell it for advertising. Please be advised that there is a small possibility that confidentiality could be breached in cases of hacking or system failure. I have selected the most secure options and the companies I work with make all efforts to prevent breaches.

7. Recording could lead to a breach of confidentiality. Do NOT record sessions; I do not record.

8. Our sessions are private. Do NOT let anyone listen to any part of our session (by phone or any other device or in person). If you want someone to participate in session, please ask me to email you a Release and Authorization for Exchange of Information form in advance and send it back to me.

9. **Secure, Encrypted, Private Communication Opt In**

I request that you download the **Signal app** for communication by **cell phone**.

I request that you set up a free **ProtonMail email** account to communicate with me by email.

ProtonMail is free, secure, encrypted email. They do not harvest or sell your data.

Non-Secure Communication Opt In

If you would like me to email you at an email address where the provider engages in data harvesting, or make cell phone calls without Signal or to a WhatsApp number, please be aware that the confidentiality of our relationship may be breached. Our email communication may be read by your provider and its affiliates for marketing purposes. WhatsApp may collect and store our contact information and our phone communication may be monitored by your provider and its affiliates.

Please be advised that Alexa, Siri, etc. eavesdrop, harvest your information and then make suggestions based on what they hear. This is a breach confidentiality.

10. **Social Media Policy**

Because our relationship is confidential and I am required to protect your confidentiality, I cannot accept friend or follow requests on social media. Most social media platforms engage in data harvesting, farming and selling your data for advertising. This can lead to the conclusion that you are a therapy client. This would be a breach of confidentiality. Please be aware that if you like, follow or comment on my social media platforms, this may also result in a breach of confidentiality.

DISCLOSURES

11. **Fees**

50-minute online therapy session is \$98.*

25-minute online therapy session is \$49.*

Message-based therapy is \$49 per week.

Similar to well-known and more expensive online therapy platforms, I offer asynchronous message-based therapy via secure email (e.g. ProtonMail.com) or a secure message app like Signal. I spend up to 50 minutes per week, approximately 10 minutes per day, reading and responding to your messages on my work days, Sunday to Thursday.

*Sliding scale is available for low income or international clients who are on a local income. Fees are adjusted annually, at the beginning of the year.

12. **Payment:** I process credit card payments through Square with a confidentiality agreement.

For clients in Europe, payment can also be made by bank transfer to Expat Services, Account Number 94 1050 1445 1000 0097 1348 1159, IBAN: PL 94 1050 1445 1000 0097 1348 1159, BIC SWIFT: INGBPLPW

13. **Superbills:** If you would like a superbill to submit to your health insurance company, please let me know. If you request a superbill, you consent to Natasha Walter-Fisk to provide a diagnosis, procedure code and appointment dates to your insurance company.

14. **Cancellation Policy and Fee**

Your time and mine is valuable. In order to manage my time effectively, I need at least 24 hours advance notice if you need to cancel or reschedule. If your appointment is on Sunday, please notify me on the preceding Thursday before the hour of your appointment.

No show No Call: If you do not attend your appointment without notifying me, you will be charged for the full cost of the session.

Less than 24 hours cancellation: If you do not notify me sufficiently in advance, you will be charged for the full cost of the session.

Records on file: I keep your credit card number on file in case of no call, no show or late cancellation.

15. **Limits of Confidentiality**

In order to keep people safe, I am mandated to breach confidentiality under five circumstances: 1. If you are imminently suicidal, 2. If you are imminently homicidal 3. If you make terrorist threats or threaten an identifiable person. 4. If you discuss child abuse and there is an identifiable perpetrator or, in the state of California, if you download pornography. 5. If you discuss dependent adult or elder abuse and there is an identifiable perpetrator.

16. **Legal:** If you are or become involved in a legal matter, please tell me right away. Your rights to confidentiality change if you sign a waiver of confidentiality, release of information, or authorization to provide information. Also, a judge can order me to provide confidential information to the court.

17. **Record retention:** I will keep your records 8 years, as required by my insurance company.

18. **Complaints:** If you have a complaint, please let me know so we can talk about and resolve the problem. I appreciate direct feedback and am very open to constructive criticism. Expressing and resolving a complaint can be a very positive experience.

19. **Reports:** Licensed professional counselors are required to report violations of the laws and rules governing other therapists unless it would violate client/therapist confidentiality. I understand that my therapist has my best interests at heart and would report violations of the laws and rules governing other Licensees if I gave written permission.

20. **My Licenses:** The Board of Behavioral Sciences governs my California license. See <https://search.dca.ca.gov/details/2001/LMFT/47582/e47d78325361d8bf1e11d20650855292> or <https://search.dca.ca.gov/>. In the BOARDS AND BUREAUS field select "Behavioral Sciences, Board of" in the "LICENSE TYPE" field select "Behavioral Sciences, Board of" again and scroll

down to “Licensed Marriage and Family Therapist” and select. Then in the FIRST NAME field enter my name The Colorado Department of Regulatory Agencies governs my Colorado license. My Colorado license can be found at <https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx> under PROFESSIONAL COUNSELORS: Licensed Professional Counselor (LPC), Natasha E. Walter-Fisk.

21. **Misconduct:** If you were to allege that your therapist engaged in malpractice or some other unethical act, the therapist has the right to disclose information from your sessions in their defense of your charges.

PREPARING FOR ONLINE THERAPY

22. **In Advance:** Please follow the link to the meeting provided in the appointment confirmation email. The link will take you to the video conferencing page. It will direct you to download and install the app if you do not already have it.

23. **Preparing for Session:** The great thing about doing therapy online is that you get to control the space. We will be working on very personal topics. Here are a few tips to prepare the space for therapy. I encourage you to create a confidential space and arrange not to be disturbed. I encourage you to choose a space that is not triggering.

24. **Sound:** Please be aware that your device will pick up background noises (clocks near your device, washing machines, people in other rooms). You may want to find a noise generator / sound screen app, turn it on before session and leave it outside the door or just inside the door of the room you are using for session. I encourage you to use headphones with an inline microphone.

25. **Seating:** Choose a comfortable place to sit.

26. **Position device:** If you are using a phone, please set it up so your hands can be free during session. I recommend that you purchase a phone holder with ring light (around \$15) or tripod that will hold your phone. Set your laptop, tablet or phone around eye level so I can see you. I will ask you to give me a 360-degree view of your space when we first start. (I don't mind if your place is a mess. I just need to know you're alone in a safe, confidential space.)

27. **Lighting:** Please adjust the lighting so that I can see you, so you are well lit (not shadowed or back lit).

28. **Charging:** Also, please plug your device in. I recommend charging during session so the device doesn't lose power and shut down.

29. **Comforts:** Have a glass of water and tissues near to hand. You might like to have a blanket as well. Make yourself comfortable. Go to the bathroom before session. Dress appropriately. Set the temperature to a comfortable setting.

30. **Phone off:** Please turn off your phone and place it away from you so we will not be interrupted during session. If you are using your phone for session, please put it on Do Not Disturb mode in Settings.

31. **Turn Alexa and Siri off:** They eavesdrop and breach confidentiality.
32. **At least one minute before session time:** Please follow the link to the session and turn on video and audio.
33. **If the connection fails,** please relax and breathe for a moment, then turn on your cell phone. I will call you on your cell phone and will work with you to re-establish the video connection.
34. **Practice:** In our first sessions, we will talk about concepts and coping skills to help you manage your stress level. Please practice these coping skills once or twice a day after session.
35. **Planning:** Subsequent sessions may be physically and emotionally draining. You may need to sleep more than usual. Please take this into account when planning your time after session.
36. **After the session:** Please take some time to have a glass of water, relax, get grounded and breathe.
37. **Guidelines:** I think the following goes without saying, but just to be sure... Please be Respectful. Swear all you want, but don't swear At me or about me. No harassing behavior. Sober, not under the influence and no substances during session. Safe. No driving or operating machinery during session. Dressed appropriately, no nudity, no pornography.
38. **Safety** Please let me know during our free 20-minute consult if you have any concerns about your personal safety. If so, we will choose a safety word to tell me that you are not alone, not able to speak freely and you need me to contact your emergency contact person. I will do so and continue to talk about neutral topics while I wait until your emergency contact arrives. My safety word is _____.
- I hereby request that Natasha Walter-Fisk call my emergency contact if I use my safety word.

EMERGENCIES

39. **Emergencies:** On my workdays, I can generally be reached by phone or email. If am not available, please leave me a message and I will get back to you. Please keep in mind that I cannot provide support in case of emergency. In case of medical or mental health emergency, if you feel suicidal and do not think you can keep yourself safe, or if you are feeling like you might harm someone and cannot keep yourself or others safe, please contact your local crisis center, police department, your medical doctor or visit your local hospital for a mental health evaluation or in the UK, the accident and emergency (A&E) Department.

You can also contact the following 24hr crisis lines:

USA Suicide Prevention 1-800-273-8255 or 1-800-748-8-2433

Colorado Crisis Line: 1-844-493-8255 or text "TALK" to 38255

San Francisco Suicide Prevention: 1-415-781-0500 or text MYLIFE to 741741

Poland Crisis Line: +48 52 70 000

UK Lifeline :- 0808 808 8000

Natasha Walter-Fisk, MACP, LMFT, LPC

LET'S DEAL WITH IT, LLC

Online therapy for stress, anxiety and healing from bad experiences
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UK Samaritans :- 028 90664422

INFORMED CONSENT, OFFICE POLICIES, DISCLOSURES, CONTRACTUAL AGREEMENT, AFFIRMATION

40. **INFORMED CONSENT:** I hereby consent to participating in therapy and affirm that I am aware of the risks and benefits.

41. **CONTRACTUAL AGREEMENT:** I agree to enter into a contract for psychotherapy services in exchange for payment of fees. I understand the limits of confidentiality.

42. **AFFIRMATION:** I affirm that I have read the entirety of this document and understand its contents. If I have any questions, I agree to ask my therapist.

43. **IDENTITY:** I affirm that I am the person I say I am and the name and personal information above are my true identity.

Your signature

My signature

Date

Date