Cheri Tarutani, LLC

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Client Services Agreement

Telehealth Informed Consent Form

This agreement contains important information about therapist professional services and business practices. When you sign this document it represents an agreement between us, however, it may be changed or revoked in writing at any time.

I understand that "telehealth" includes the practice of behavioral health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in Hawai'i or outside of Hawai'i.

I understand that I have the following rights:

1. I can discuss any questions I have and also decide if Cheri Tarutani is the best person to provide your services.
2. I have the right to withhold or withdraw consent at any time to end therapy at any time without financial obligations other than those already accrued.
3. I am entitled to examine or receive a summary or copy of my clinical record, and/or request that my information be amended or restricted for certain disclosures. There may be unusual circumstances where the therapist may refuse your request if she believes it may cause substantial harm to yourself or others, but I would still have the right of a review.
4. I have a right to confidentiality. Confidentiality of communications between a patient and a therapist is protected by law and you can only release information about my treatment to others with my written permission. Should we see each other in the community, I have the right to have my confidentiality protected. The therapist will not speak to me or acknowledge me unless I initiate contact with her.

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 self or an ascertainable victim; reporting to court as described in a filed court order, treatment information if court-ordered into therapy and if I are seeking payment through an insurance company. Also, the therapist is not required to inform me of her actions in this regard.

In addition to the legally required limits on confidentiality, insurance companies and managed

care company employees may request the following information to assist in processing claims for therapy services received: medical records and information necessary for the filing of claims and the authorization process which may include information relating to drug and alcohol use. I understand that I am protected by Federal law from the secondary release of information by the insurance carrier.

I agree to the following:

1. Once an appointment is scheduled, I will be expected to pay the insurance or private pay fee unless I provide 24 hours cancellation notice, or unless we both agree I was unable to attend due to circumstances beyond my control.
2. I agree to make payments at the beginning of each session and that no balance will be carried. I understand I can make payments in cash or checks made payable to Cheri Tarutani, LLC. A $25.00 fee will be charged for any returned check.
3. If I miss an appointment or have a late cancellation (without 24 hours of advance notice); I will pay a $50.00 fee for holding an appointment slot. I understand this fee is not covered by insurance.
4. In the event I am running late, I will call or text. My appointment spot will be held for a period of 15 minutes.
5. If I miss two sessions in a row or consistently cancel scheduled sessions, I will not be able to schedule future appointments with Cheri Tarutani.
6. I understand that Cheri Tarutani is not available 24 hours and if there is an emergency I am to go to the nearest emergency room, contact the crisis line at (808) 832-3100 or call 911.
7. I understand I will not be able to have any interactions with Cheri Tarutani on social media due to ethical guidelines and to maintain confidentiality.
8. I understand other services outside the therapeutic session, such as report writing, will be charged at a rate of $150 per hour. I understand this is a cash fee as insurance does not cover these costs.
9. I understand that Cheri Tarutani, LLC has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures Cheri Tarutani will only disclose biographical information and the amount owed, in order to ensure confidentiality.

I understand this agreement cannot cover all the particulars that may arise in every situation. The parties agree that they may need to establish new guidelines to fit their unique relationship.

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, 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.

In addition, I understand that telehealth based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by

another form of therapeutic services (e.g. face-to-face services) I will be referred to a therapist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of therapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

I have read, understand and am willing to abide by the above agreement and hereby give Cheri Tarutani, LCSW consent for my treatment. I also consent and authorize to have Cheri Tarutani, LCSW of Cheri Tarutani, LLC to make any and all insurance claims on my behalf.

Printed Name

Signature of Client Date