



FIGURE&GROUND
COUNSELING
LLC

Release of Information & Communications Consent

Please read and *sign two copies*. Keep one for your records

Jessie Moncrief, MSSA, LISW-S | 24600 Center Ridge Road, Suite 125 | Westlake, OH 44145 | (216) 221-4697

Ohio License Number is: OH-I-000951-SUPV

Authorization for Release of Information

I, _____ [Insert Name of Patient/Client],
whose Date of Birth is _____, authorize Jessie Moncrief, MSSA, LISW-S, to disclose to
and/or obtain information from _____
[Insert Name of Person or Title of Person or Organization]

A Description of Information to be Disclosed

(Client should initial each item to be disclosed)

- | | |
|---------------------------------|----------------------------------|
| _____ Assessment | _____ Other reason: _____ |
| _____ Diagnosis | _____ Participation in Treatment |
| _____ Psychological Evaluation | _____ Educational Information |
| _____ Psychiatric Evaluation | _____ Discharge/Transfer Summary |
| _____ Treatment Plan or Summary | _____ Continuing Care Plan |
| _____ Current Treatment Update | _____ Progress in Treatment |
| _____ Medication Information | _____ Demographic Information |
| | _____ Psychotherapy Notes* |

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If the purpose is other than marketing, sale of information, research or as specified above, please specify: _____

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to [Jessie Moncrief, LISW-S] at 24600 Center Ridge Road, Suite 125, Westlake, Ohio. *I may be able to submit this to Figureandgroundcounseling.com or JessieMoncrief.com* I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

Unless sooner revoked, this authorization expires on the following date: _____, which is one year from today.

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Informed Consent/Confidentiality _____ By signing my initials, I understand the terms of confidentiality and privacy.

- Information shared in session will be kept confidential.
- Information will not be released without my written consent, except for professional consultation, court order or subpoenas payment operations, billing companies, insurance companies, audits, quality assurance, quality review, utilization management
- Required by law, Jessie Moncrief, MSSA, LISW-S may disclose information pertaining to suspected child abuse, the inability to care for one's basic needs for food, clothing or shelter, and threaten and harm to oneself or others.
- I have the right to discuss further limits or exceptions of confidentiality at any time.
- I understand that when working with children the nature of what is confidential will be discussed.

Release of Records _____ By signing my initials, I understand the terms of records and release of records.

- There are two ways to release records: 1) in person 2) certified mail
 1. To obtain a copy of your records in person, you will have to come into my office during my working hours
 2. To obtain a copy of your records via certified mail, I need a signed release mailed or emailed to me.
- Allow up to three weeks to receive requested records.
- Law firms may also release records; progress notes are kept in my file
- Record releases with couples is different than individuals; please see couples consent form and discuss this policy with Jessie Moncrief, LISW-S.

E-mail and Phone Communication _____ By signing my initials, I understand the limits of email, phone and text communication below:

- I understand that my therapist is available between regular work hours 9am until 5pm, via phone. She may get back to me within 24-48 hours of my call.
- I understand that my therapist provides a direct service at the time of session, but does not do phone counseling or consults. My therapist may bill me for call time that requests case management and psychotherapeutic dialogue.
- I am encouraged to use the **telephone** for **information that is sensitive, urgent or highly confidential**.
- I understand that if I choose to **text** personal information, my therapist may encourage me to talk about this at my next session, call me back at a later date, or respond that she received my message. Texts are not forms of back and forth therapeutic dialogue, **unless in the case of an EMERGENCY**.
- I understand that **texts** are used for **exchanging information about non-therapeutic information ONLY**, such as appointment times.
- I understand that by using phone or e-mail communication, my information is guarded by passwords, but can still run the risk of being retrieved by third parties, as any e-mails, voice mail or texts can.
- I understand there is a risk involved in unencrypted e-mails and texts, and do hereby give permission for Jessie Moncrief, MSSA, LISW-S to contact me via unencrypted e-mail. I understand that Jessie Moncrief is protected by passcodes. In the event that it seems appropriate, I give Jessie Moncrief permission to texts or email personal information back to me.
- I understand that Jessie Moncrief, MSSA, LISW-S is required to keep copies of texts, emails or any communication

Telehealth & Telecommunications _____ By signing my initials, I understand the terms of using technology, telehealth and third parties to efficize services.

- I understand that Jessie Moncrief uses Jituzu, a HIPPA compliant third party, for the following::
 1. Appointment scheduling, cancelling, or reminders
 2. Sending important documents
 3. Use of teleconferencing or therapy on the internet using Jituzu
 4. Exchanging personal or therapeutic information that is confidential and privacy protected
- I understand that Jessie Moncrief, MSSA, LISW-S will send me HIPPA compliant invite to the Jituzu client portal via text or email.
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- I am aware that video conferencing is more convenient, as it can be done remote. Video Conferencing can also be challenging due to use of technology working, lag time between appointments, not being able to see all of my psychotherapist, Jessie Moncrief, LISW-S.
- I am aware that Jessie Moncrief, LISW-S prefers to use video conferencing during emergency or long distance situations only.
- I am aware that if video conferencing and technology does not work, I will be offered face time on telephone or phone session.
- I am aware that Jessie Moncrief, LISW-S is advised to take my mental status and capacity into consideration when considering video conferencing.
- I am aware that Jessie Moncrief, LISW-S must assess whether teleconferencing is meeting the goals of therapy
- I am aware that I have opportunity to ask questions about the use of technology at any time.
- I am aware that sessions with Jessie Moncrief, LISW-S are still PRIVATE and CONFIDENTIAL. She will not have anyone in her office while in session and asks that I am not accompanied in my space to assure privacy and confidentiality. I am aware that Jessie Moncrief- LISW-S can only assure privacy in her office and video conferencing space.
- I am aware that there is a risk of entering private information when using a public access computer, shared computer. I am aware that I should use caution when using auto-fill user names and passwords. I am aware that I should consider employer policies before using a work computer for personal reasons.
- I am aware that insurance companies MAY NOT pay for teleconferencing and will check with my insurance provider.

Appointments ____ By signing my initials, I understand the terms of using technology and third parties to effcize services.

- I understand that Jessie Moncrief, MSSA, LISW-S is moving away from scheduling therapy appointments by phone or text.
- I understand that Jessie Moncrief, MSSA, LISW-S will make available a client portal where I can scheudle my own appts. This will allow for less errors, less waiting time and easier access.
- I understand that that it is important to arrive on time since I use up my allocated time when I arrive late for an appointment. The usual length of an appointment is 50-55 minutes.

Redisclosure

I hereby authorize Jessie Moncrief, MSSA, LISW-S to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign)

I understand that there is the potential that the protected health information that is disclosed pursuant to this authorization may be redisclosed by the signed recipient (the person to whom which I have consent to share your information with) and the protected health information will no longer be protected by the HIPAA privacy regulations, unless a State law applies that is more strict than HIPAA and provides additional privacy protections. I will be given a copy of this authorization for my records.

Signature of Patient/Client

Date

Signature of Guardian (if client is a minor)

Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.).

_____ Check here if patient/client refuses to sign authorization

Signature of Staff Witness

Date