Ed Glauser, LPC

Mind Body Medicine Network, LLC

[www.mindbodymedicinenetwork.com](http://www.mindbodymedicinenetwork.com), 706-202-3590

1 Huntington Road, Suite 205

Athens, GA 30606

**Information, Authorization, and Consent to Treatment**

Welcome. To begin your counseling journey this form will provide you with information on my credentials, the process of counseling, confidentiality, emergencies, and other details about your treatment. At any time during your treatment, please feel free to ask any clarifying questions.

**My credentials**

License: GA LPC# 001725

Link to verify my license: <http://verify.sos.ga.gov/websites/verification/> (input “Glauser” only)

Credentialing: Professional Licensing, Georgia Secretary of State

Certifications: Distance Credentialed Counselor, Center for Credentialing and Education, American Society of Clinical Hypnosis, Master Practitioner of Mind Body Medicine, National Institute for the Clinical Application of Behavioral Medicine

Experience: Over 26 years experience counseling in inpatient and outpatient healthcare settings.

My schooling: M.Ed., University of Georgia, Guidance and Counseling, Masters of Education, 1990

**My therapy style**

I provide compassionate and engaged counseling for individuals interested in better managing stress, depression, trauma, chronic pain/illness, insomnia, relationship and self-esteem issues. My counseling approach uses mindfulness-based cognitive therapy, clinical hypnosis, and other mind body behavioral health strategies to teach clients self-regulation skills to enhance functioning, mood and relationships.

**Your participation**

Positive counseling outcomes are significantly enhanced the more that clients invest into the session in terms of preparation for the session (i.e., mindful of counseling goals, use of technology for online counseling, etc.), avoiding using mind altering substances prior to session, not bringing any weapons of any kind to session. Clients have the right to end the counseling at any time. Should clients decide not to continue in counseling, I would prefer a phone call or closure session to help process the counseling experience.

**Confidentiality and Records**

All of your PHI, protected health information, is kept for a minimum of five years.

It is my personal, professional, and legal obligation to keep all of your protected health information (PHI) confidential, with some exceptions. The Notice of Privacy Practices form on Adaptive Telehealth or Breakthrough (which you are asked to sign) provides detailed information about how private information about your health care is protected, and under what circumstances it may be shared.

Other than the exceptions listed on the Notice of Privacy Practices form, I, Ed Glauser, M.Ed., N.C.C., LPC and the Mind Body Medicine Network, LLC, and the billing companies that I use, Breakthrough/Adaptive Telehealth/Intuit/PayPal, will be the only people viewing your financial information.

I have a business associate agreements with, Breakthrough, Regroup Therapy and Adaptive Telehealth, meaning that they have safety measures in place to keep your PHI secure and confidential, and they are regulated by the government.

The following information explains how I handle and store your PHI while you are receiving counseling if you chose any of the following counseling modalities. Although it is not guaranteed that these methods will prevent 100% of confidentiality breaches, they are designed with the intention of supporting the confidentiality of all clinical communications.

Face-to-face/Video Conferencing:

Face-to-face sessions in my office are provided behind a closed door.

Your information is stored in a locked cabinet behind a locked door and via (Breakthrough/Regroup Therapy/Adaptive Telehealth) which is HIPAA compliant and provides a BAA. Breakthrough/Regroup Therapy/Adaptive Telehealth uses point-to-point, federal approved, encryption.

The only information of yours that is stored on any electronic device of mine is your phone number (on my phone), and your email address (on my computer), if you elect to email me.

My phone and computer are both password protected.

Any paper with your personal information is kept in a locked cabinet behind a locked door.

Email:

All email correspondences will be done through (Breakthrough/Regroup Therapy/Adaptive Telehealth), unless you request otherwise. Breakthrough/Regroup Therapy/Adaptive Telehealth stores our email correspondence, but is it encrypted.

Chat:

All chat correspondences will be done through (Breakthrough/Regroup Therapy/Adaptive Telehealth), unless you request otherwise. Breakthrough/Regroup Therapy/Adaptive Telehealth stores our chat correspondence, but is it encrypted.

Video Conferencing:

All video conferencing correspondences will be done through (Breakthrough/Adaptive Telehealth), which is encrypted to the federal standard.

Texting:

All texting correspondences will be done through (Adaptive Telehealth/qliqsoft), which is encrypted to the federal standard.

If you use any other methods of electronic communication with me, Ed Glauser, M.Ed., N.C.C., LPC and the Mind Body Medicine Network, LLC, there is a reasonable chance that a third party may be able to intercept that communication. However, you have the right to consent to communication by non-secure means.

By signing this document you, the client, understand:

* that on your (Breakthrough/Regroup Therapy/Adaptive Telehealth) client portal you have the option to choose to have email and text reminders of your appointments and billing information.
* that on your (Breakthrough/Regroup Therapy/Adaptive Telehealth) client portal you have the option to sign a form titled “Consent to Unsecure Electronic Communication”. This consent would allow me, Ed Glauser, M.Ed., N.C.C., LPC and the Mind Body Medicine Network, LLC, to transmit to you protected health information via the unsecure methods that you specify.
  + that you are not required, nor encouraged, to sign the “Consent to Unsecure Electronic Communication” agreement in order to receive treatment.
  + that you may terminate these consents at any time by contacting me, Ed Glauser, M.Ed., N.C.C., LPC and the Mind Body Medicine Network, LLC, or changing your preferences on your (Breakthrough/Regroup Therapy/Adaptive Telehealth) client portal.

**Your Responsibilities / Your Protection**

With the use of technology it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology that you use.

I encourage you to only communicate through a computer that you know is safe, and to follow the safety measures that are detailed on the “Privacy Measures” document provided on (Breakthrough/Regroup Therapy/Adaptive Telehealth). Please contact me with any questions that you may have on privacy measures.

**Contacting Me**

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

• By phone (706-202-3590). You may leave messages on the voicemail, which is confidential.

• By email using your client portal on (Breakthrough/Regroup Therapy/Adaptive Telehealth).

Please refrain from making contact with me using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

**Response Time**

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours on weekdays, and 72 hours on weekends. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

**Emergency Contact**

If you are ever experiencing an emergency, including a mental health crisis, please call the Georgia Crisis and Access Line at 1-800-715-4225, 911, or go to your nearest emergency room.

If you need to contact me about an emergency, the best method is:

• By phone (706-202-3590)

• If you cannot reach me by phone, please leave a voicemail.

**Couples/Family Counseling**

Please note that in couples counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

**Cost of Sessions**

The cost of your session will be agreed upon between you and I over the phone, unless otherwise negotiated by your insurance carrier. It will also be stated on your scheduled appointment on your client portal (Breakthrough/Regroup Therapy/Adaptive Telehealth). The cost of the session depends on the counseling medium used, the date, the time, and any financial hardship that you may have.

You, the client, are responsible for the cost of any technology at your location, such as a computer, device, phone, phone call charges, software, and headset.

If you are in need of additional support between sessions and choose to use telephone calls, email or chat, you will be billed $2 per minute for every minute that exceed 10 in duration.

Email counseling is billed at $40 per email that you send with a maximum of 300 words per email. You will get one email response per email that you send.

Counseling via Texting other than for scheduling purposes is billed at $10 per text that you send.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company’s policies and to file for insurance reimbursement.

Most insurance providers will not cover distance counseling. Some insurance carriers will cover distance counseling via video conferencing, within their given parameters.

You are responsible to pay any copayment and/or deductible at the time of your counseling session. You are also responsible for any payments in which your insurance provider refuses to reimburse.

In cases where I bill your insurance provider, I use Breakthrough. I have a BAA with them and they are HIPAA compliant, meaning they have measures in place to keep your PHI secure and confidential. If you insurance provider is billed you will likely get statements via mail by Breakthrough.

If I am out of network with your insurance provider, I will be glad to provide you with a statement for you to submit to your insurance company, and to assist you with any questions you may have in this area.

The fee for each session will be due at the conclusion of the session. Cash, personal checks, PayPal, as well as Visa/MasterCard (via Intuit Merchant Services) credit cards are acceptable for payment. You may pay via your client portal on (Breakthrough/Regroup Therapy/Adaptive Telehealth). Receipts for all of your payments will be available via your client portal under your billing tab. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a $25 fee for any returned checks.

By not canceling your appointment as stated in the cancellation policy, you are agreeing to the price of your session as stated on (Breakthrough/Regroup Therapy/Adaptive Telehealth). My customary no show rates based on the technology platform provider used is from $60-$100 for any session missed or not cancelled within 24 hours prior to the session start time.

The cost for documentation requested, and appearing in court depends on the specific request.

**Cancellation Policy**

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance with a phone call. If such advance notice is not received, you will be financially responsible for the session you missed. If you do not show up for an appointment, without prior notice, within the first 10 minutes of you scheduled session it will be considered a no-show. Please note that insurance companies do not reimburse for missed sessions.

**Structure of Sessions**

I, Ed Glauser, M.Ed., N.C.C., LPC and the Mind Body Medicine Network, LLC, offer counseling via face-to-face, video conferencing, phone, chat, and email. Distance counseling is considered any of those methods other than face-to-face. If your counseling need is appropriate for distance counseling, you can either solely receive counseling via one medium, or any combination of them.

Face-to-face sessions are held at the following location: Mind Body Medicine Network, LLC, 1 Huntington Road, Suite 205, Athens, Georgia 30606.

Video conferencing counseling sessions are held via (Breakthrough/Regroup Therapy/Adaptive Telehealth). If the Regroup Therapy portal is used, Ed Glauser, LPC and the Mind Body Medicine Network, LLC will schedule a 15 minute free of charge “*Assessment For Client Fit*” either via phone (706-202-3590), the Regroup Therapy or Adaptive Telehealth Portals to determine if the video conferencing format is appropriate for your particular counseling needs.

Upon confirmation of the first video conferencing counseling session, Ed Glauser, LPC and the Mind Body Medicine Network, LLC will send you forms via a Docusign email which must be reviewed and electronically filled out and signed in order to engage in the video conferencing counseling relationship. You will need to check that you agree to use electronic records and signatures, and proceed to click on the appropriate field icons, and drag the cursor over the underlined areas to complete all necessary information.

Video conferencing counseling sessions are held via (Breakthrough/Regroup Therapy/Adaptive Telehealth). It is recommended that you sign on to your (Breakthrough/Regroup Therapy Adaptive Telehealth) account at least 10 minutes prior to you session start time. You are responsible for initiating the connection with me at the time of your session.

Upon confirmation of a video conferencing counseling session, you will get an email with directions for going to either the Breakthrough/Regroup Therapy/Adaptive Telehealthportal**.** Here is an example of what you would receive via email if receiving a video conferencing counseling appointment from Regroup Therapy:

From: Regroup Support <[support@regrouptherapy.com](mailto:support@regrouptherapy.com)>

To: Test Client 1

Subject: Regroup Meeting

Regroup Appointment Created

Your Regroup appointment has been scheduled.

Start Time: January 18 2015 9:00 AM EST

End Time: January 18 2015 9:15 AM EST

Session Link: <https://www.regrouptherapy.com/meeting/1gpXo>

Appointment PIN: 1gpXo

Chat sessions are provided via (Breakthrough/Regroup Therapy/Adaptive Telehealth). You are responsible for initiating the session.

Texting sessions are provided via (Breakthrough/Regroup Therapy/Adaptive Telehealth/qliqsoft).

Email sessions are provided via (Breakthrough/Regroup Therapy/Adaptive Telehealth). You simply email me, and within two days you will get a response from me. Since you are billed per email that you send (max of 300 words per email), it is recommended that you spend time thinking about your emails prior to sending them.

If sessions are requested via phone, texting, email, or chat you will have to have a brief interaction either face-to-face, or via video conferencing in order to verify your identity by matching you with your picture ID. During this initial verification you will choose a passphrase or number that you will use for all future sessions. This process protects you from another person posing as you.

Whenever there is communication that lacks visual or audio cues there is a risk of misunderstanding. When this happens it is important to assume that your counselor has positive regard for you, and to check out your assumptions. This will reduce any unnecessary hardship.

If at any time you do not have internet access at your home, or private location you can contact me via phone to help you locate internet service that will be appropriate for distance counseling.

**Limitations of Distance Counseling**

Distance counseling should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.

By signing this document you agree that you understand that distance counseling:

* may lack of visual and/or audio cues, which may cause misunderstanding.
* may have disruptions in the service and quality of the technology used.
* may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

**Emergency Management for Distance Counseling**

So that I am able to get you help in the case of an emergency and for you safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

* You, the client, will inform me, your therapist, of the location in which you will consistently be during our sessions, and will inform me if this location changes.
* You, the client, will identify, on your client information form, a person, whom I, your therapist, am allowed to contact in the case that I believe you are at risk. You, the client, or I your therapist, will verify that this emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call the Georgia Crisis and Access Line at 1-800-715-4225, 911 and/or transport you to a hospital.

**Backup Plan in Case of Technology Failure**

The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that I, your therapist, know your phone number.

If you get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes call me.

If you are on a phone session and your phone disconnects call me back, or contact me to schedule another session. If this happens as a result of my phone or phone service, and we are not able to reconnect, you will not be charged for the session.

**Professional Relationship**

Our relationship must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. I am also required to keep your identity secret. Therefore, I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you.

**Termination Policy**

Should you not show, not cancel within 24 hours of our scheduled session two consecutive times or miss two consecutive sessions, I will make two phone calls, leave you two messages, and send you a letter via certified mail.

**Statement Regarding Ethics, Client Welfare & Safety**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association and the American Society of Clinical Hypnosis. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession within the State of Georgia.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you.

At times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn’t sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Also, your growth and healing during counseling may shift the dynamics of your relationships.

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please check the ways in which you are authorizing me to begin treatment with you:

* In-Person
* Video Conferencing
* Telephone
* Texting
* Chat
* Email

You may, at any time during the course of your treatment, withdraw you authorization to any of these modes of treatment and/or this agreement form as a whole. Simply contact me by phone, email, or mail.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

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**Client Name (Please Print) Date**

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**Client Signature**

**If Applicable:**

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**Parent’s or Legal Guardian’s Name (Please Print) Date**

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**Parent’s or Legal Guardian’s Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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**Therapist’s Signature Date**