



Dr. Virginia Rockhill
92 Merrill Road
Pittsburg, NH 03592
Tel: 888-901-6001 Fax: 603-538-1187
www.YourPersonalTherapist.com

I would like to take this opportunity to welcome you to my practice. In order for us to begin working together, I would like you to complete the form on this page and to review the "Patient Bill of Rights". Please sign it and return it to me either by fax at 603-538-1187 or by US Postal Service. If you have any questions about this form, please do not hesitate to ask me. Thank you for your confidence in choosing me as Your Personal Therapist.

Consent to Treatment and Patient Bill of Rights

Name

Date of Birth

Street (Physical Address)

Is it OK to Contact You Here? Yes No

City, State, Zip

Home Phone

Is it OK to Contact You Here? Yes No

Work Phone

Is it OK to Contact You Here? Yes No

Fax

Is it OK to Contact You Here? Yes No

E-mail

Is it OK to Contact You Here? Yes No

Preferred mode of counseling: Telephone On-Line

Preferred times of day for sessions: _____

Name of Present Therapist, if any: _____

I give my consent to receive online and/or telephonic counseling sessions to Dr. Virginia Rockhill. I understand that I have the right to be treated in a professional, respectful, competent and ethical manner. I am entitled to receive full information about Dr. Rockhill's knowledge, skills, experience and credentials.

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Information disclosed to Dr. Rockhill will be kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. If possible legal exceptions should arise, only such information required by law would be shared. Examples of such exceptions include but are not limited to:

- abuse of a child;
- abuse of an incapacitated adult;
- Health Information Portability and Accountability Act (HIPAA) regulation compliance;
- orders of the court;
- threats to self, others or property.

I understand that I can expect that the services provided are effective and of a quality consistent with the standard of care within the practice of Psychology and to know that sexual relations between a mental health provider and a client or former client are a violation of the law.

I have the right to obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses, as well as to meaningfully participate in the planning, implementation and termination or referral of my treatment.

I understand that I have the right to documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, my therapist will inform me of this and of the voluntary nature of my participation. In addition, I have the right to be informed of my rights and responsibilities, and of my mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, record management and other relevant matters except as otherwise provided by law.

I have the right to receive a copy of my mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record. I also have the right to discuss questions or concerns about my mental health provider.

I understand that because of the nature of telephonic and/or online counseling, I may not be able to receive an immediate response from Dr. Rockhill. Protocols for emergencies will be established between myself and Dr. Rockhill if emergent psychiatric care is required.

Some of the potential benefits of online and/or telephonic counseling are: 1) being able to send and receive messages at any time of day or night; 2) never having to leave messages with intermediaries; 3) being able to take as long as one wants to compose and reflect to later; 5) feeling less inhibited than in person. Some potential risks of receiving online and/or telephonic counseling are: 1) messages not being received; 2) confidentiality being breached (e-mails sent to the wrong address or breached in transit by hackers of Internet service providers or by others with access to the email account or the computer. Extra security safeguards should be considered when the client's computer is shared by family members, students, library patrons, etc. A return receipt can be requested whenever an email is sent and a password can be required for access to a computer.

signed: _____

date: _____