

Radiance Informed Consent

Welcome to Radiance Therapy Group!

Therapy is a relationship that works according to clearly defined rights and responsibilities held by each person. This framework helps to create the safety necessary to take risks, and the support necessary to become empowered to create change. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know about. There are also legal limitations to those rights that you should be aware of. Your clinician and Radiance Therapy Group have corresponding responsibilities to you. What follows in this agreement is information about this framework, our respective rights and responsibilities, and the specific policies under which Radiance Therapy Group operates.

It is important that you read this document carefully before your first session. You can discuss any questions you have about the information it contains with your clinician at that time. When you sign this document, it will represent an agreement between you and Radiance Therapy Group. You may revoke this agreement in writing at any time. Revoking it does not cancel any fees you owe for services already provided or actions already taken in reliance on it.

Psychotherapy Services

Psychotherapy is a treatment that addresses psychological distress and problems in life. Our approach to psychotherapy is a collaborative one that seeks to build a relationship in which you feel free to explore your thoughts, feelings, and behaviors. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness.

Psychotherapy often requires discussing unpleasant aspects of your life, including feelings or thoughts you may have tried to avoid for a long time. Should you find yourself feeling overwhelmed by or ambivalent about this process and the feelings it evokes, it is important that you let your clinician know so that together you can determine how best to attend to your experience. You may also find that your relationship with your clinician provokes strong feelings in you; we encourage you to share these feelings with your clinician as well, because they often offer rich and important information that can be useful to your work together. Psychotherapy has been shown to have benefits for individuals who undertake it. Over time, therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal

awareness and insight, increased skills for managing stress, and resolutions to specific problems. Psychotherapy will require a very active effort on your part. In order to be most successful, you will have to work on things that you discuss with your clinician outside of sessions. Your first few sessions will involve an evaluation of your needs. By the end of the evaluation period, your clinician will be able to offer you some initial impressions of what your work together may include. You should carefully consider this information and how useful it feels to you, and make your own assessment about whether you feel comfortable working with your clinician. Therapy involves a large commitment of time, energy, and sometimes money, so you should be very careful about the therapist you select. If you have questions about your clinician's procedures, please raise them whenever they arise. As therapists, we are not trained or licensed to prescribe medication or give medical advice. Some psychological stressors can cause physical problems, and we encourage you to see a physician regularly to monitor your overall health.

Appointments and Cancellations

You and your clinician will usually schedule one 53 minute session per week at a time you agree on, although more frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in order to meet your particular needs. Upon beginning treatment, you and your clinician are both committing to meet on a particular day and time, and it is important to the therapeutic process that this commitment be maintained. When unforeseen events interfere with your scheduled time, it is not always possible for your clinician to fill the time that has been set aside for you. Therefore, once a therapy session is scheduled, you will be expected to pay for that session unless 24 hours advance notice of cancellation is provided. This includes changing your appointment time with less than 24 hours notice. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time. If you are more than 10 minutes late for a session without contacting your clinician, your appointment will be canceled and you will be charged. In the unlikely event that your clinician is delayed for your appointment, they will either make that time up at the end of the hour or, if that is not possible, make alternative arrangements to ensure that you receive your full time. Our insurance contracts only allow us to bill for sessions of 53 minutes or longer. If your session is shorter than 53 minutes because you arrive late or need to leave early, we cannot bill it to your insurance, and you will be charged a fee of \$190 for that session. By signing this agreement, you agree to this policy in advance.

Professional Fees

Radiance Therapy Group is in-network with several commercial insurance companies. We do not accept Medicare, Medicaid, or Medicare Advantage plans, including those offered through Blue Cross Blue Shield. Because plan participation varies, please contact us before your first session to confirm that we are in-network with your specific plan. If you are using your insurance plan to pay, you are responsible for co-payments, deductibles, coinsurance, and any charges not covered by insurance. Payment is due at the time of service. Clients are responsible for updating their insurance information immediately with Radiance Therapy Group if anything about their policy or policy number changes. If you have secondary insurance, the plan we are billing must be designated as the primary policy or all claims will be rejected and charged to the client. Please note that insurance generally does not pay for more than one therapy session per day, including sessions in higher levels of care such as an Intensive Outpatient Program. Doing so will likely result in a denial of the claim and will result in you being charged in full for the session. If at any point your policy becomes inactive, you will be charged for services not covered. It is important to pay attention to when your deductible rolls over each year and expect to be billed in full for the contracted rate we have with your insurance company for each session until it is met. Radiance Therapy Group reserves the right to use a collections agency to obtain payments overdue by more than 90 days. In order to bill insurance, some of your personal information must be shared with them (for example, a diagnosis must be provided). In rare instances, your insurance may even request to see your entire treatment record, including progress notes. By signing this, you are giving us permission to share this personal health information with them, if they request it from us. By signing this you are also giving us permission to use a third party biller to help with insurance billing, as is standard industry practice.

Please also be aware that insurance companies do not pay late cancellation or no-show fees, so these are your financial responsibility.

If we are not in-network with your plan, you will be charged our private-pay rate of \$190 per session, and we can provide receipts for you to submit for out-of-network reimbursement if your plan allows it.

Outside of appointments, Radiance Therapy Group charges the standard session fee on a prorated basis for telephone conversations, email correspondence, or paperwork you request from your clinician that requires 15 minutes or more. Insurance does not pay for or reimburse these services.

Sessions that are canceled for any reason with less than 24 hours notice, and sessions you do not attend, will be charged a fee of \$190. This fee applies to all clients, whether or not you are using insurance, because insurance companies do not pay for missed or late-canceled sessions. All clients must have a credit card on file with Radiance Therapy Group to cover late cancellation and no-show fees, as well as any balance assigned to you as patient responsibility by your insurance company.

Clients who refuse to pay fees they owe, including late cancellation and no-show fees, or who continue to carry an unpaid balance after being asked to pay it, may be discharged from treatment at Radiance Therapy Group. If this occurs, we will provide you with referrals to other providers.

Insurance Benefit Checks

Before a new client begins treatment, Radiance Therapy Group often reviews insurance benefits based on the information provided by each patient's insurance company. While we strive to offer the most accurate and up-to-date benefit details, we do not determine coverage, benefits, or guarantee payment by insurance. Unless otherwise required by state law, this notice does not serve as a guarantee of payment. Insurance benefits are subject to contractual limitations, policy exclusions, and the member's eligibility status on the date of service. Additionally, accumulated amounts such as deductibles, out-of-pocket maximums, and copays may fluctuate as additional claims are processed. It is the sole responsibility of the patient and/or policyholder to provide Radiance Therapy Group with any insurance updates or changes, as outdated or incorrect information may result in claim denials.

Benefit checks are provided as a courtesy only. We do our best to obtain accurate information, but the benefit details insurance companies give us are not always correct, and we cannot be responsible for errors in the information they provide. You are responsible for understanding your own insurance coverage, including your deductible, copayment, coinsurance, session limits, and any authorization requirements. We encourage you to contact your insurance company directly to confirm your mental health benefits before beginning treatment.

Financial Responsibility for Insurance Claims

Your insurance policy is a contract between you and your insurance company. Radiance Therapy Group is not a party to that contract. As a courtesy, we submit claims on your behalf, but you remain financially responsible for your care.

You are responsible for any amount your insurance company assigns to you as patient responsibility, including copayments, deductibles, coinsurance, non-covered services, services provided while your coverage was inactive, and claims your insurer processes as out-of-network. This applies even if you believe your insurance company processed the claim incorrectly.

If you believe a claim was processed in error, we will make reasonable efforts to help, such as resubmitting the claim or contacting the insurer. However, disputes about your coverage or benefits are ultimately between you and your insurance company, and it is your responsibility to follow up with them directly. Radiance Therapy Group may charge any balance assigned to you as patient responsibility to the card on file at any time after the claim is processed, including while a correction or appeal is pending. If your insurer later reprocesses the claim and pays us, any overpayment will be refunded to you.

Amounts you owe will not exceed the rate we are contracted for with your insurance plan, or our private-pay rate of \$190 if you are not using an in-network plan.

Legal Involvement

Your clinician's role is to provide therapy, not to serve as a witness or evaluator in legal matters. If you become involved in a legal proceeding, including divorce, custody, personal injury, or disability cases, and your clinician's involvement is requested or required by you, your attorney, or another party, you agree to pay for your clinician's time on an hourly basis. This includes preparing records or reports, communicating with attorneys, preparing for and attending depositions or court appearances, and travel and waiting time. The hourly rate is \$190 per hour, prorated for partial hours, regardless of whether you use insurance. Insurance does not cover these services. This applies even if your clinician is subpoenaed by another party. In custody matters, clinicians do not make recommendations about custody or parenting arrangements.

Confidentiality

Your health, safety, and privacy are our priority. The law generally protects the confidentiality of all communications between a client and a psychotherapist. Except as described in this agreement, your clinician and Radiance Therapy Group will not tell anyone what you have discussed, or even that you are in therapy, without your written permission. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets the requirements of the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy

protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations (for more information, visit <https://www.hhs.gov/hipaa/for-individuals/index.html>). With the exception of certain specific situations described below, you have the right to the confidentiality of your therapy. You may request that information be shared with whomever you choose, and you may revoke that permission in writing at any time. As required by current standards of care, your clinician keeps records of your therapy. Neither the fact that you participate in therapy, nor any information disclosed in therapy sessions, will be disclosed except as requested by you and as noted in the exceptions below.

Radiance Therapy Group's Notice of Privacy Practices explains in more detail how your health information may be used and shared and your rights regarding that information. It is available on our website at radiancetherapygroup.com, and a paper copy is available on request. By signing this agreement, you acknowledge that you have been given access to the Notice of Privacy Practices.

There are several exceptions in which your clinician is legally bound to take action even though that requires revealing some information about a client's treatment. Whenever possible, your clinician will inform you should this circumstance arise. The legal exceptions to confidentiality include, but are not limited to, the following:

1. If there is good reason to believe you are threatening serious bodily harm to yourself or others. If your clinician believes a client is threatening serious bodily harm to another person, they may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to themselves, the clinician may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.
2. If there is reasonable cause to suspect abuse or neglect of a child, your clinician is required by law to report it to the appropriate state agency. If there is reasonable cause to suspect abuse or neglect of an older adult or an adult with a disability, your clinician may make a report to the appropriate agency when permitted or required by law.
3. In response to a court order or where otherwise required by law.
4. To the extent necessary, to make a claim on a delinquent account via a collection agency.
5. To the extent necessary for emergency medical care to be rendered.

HIPAA also protects the confidentiality of electronic transmissions of information about you. Whenever we transmit information about you electronically, it will be done with safeguards to protect confidentiality. If you choose to communicate by email, please be aware that email is not completely confidential. Please avoid sending sensitive clinical information by email.

Finally, clinicians at Radiance Therapy Group consult with colleagues and clinical supervisors about their work, as is standard professional practice, and may discuss aspects of your treatment in these settings. When consulting with professionals outside Radiance Therapy Group, your clinician will not disclose your name or other identifying information.

Records Access and Retention

Your clinician keeps a record of your treatment, as required by law and professional standards. You have the right to request a copy of your records, and we will respond within 30 days. A reasonable, cost-based fee may be charged for copies. Your clinician's private psychotherapy notes, if any, are kept separately and are not part of your record for this purpose. You may also ask us to correct information in your record that you believe is inaccurate. Records are kept for at least 5 years after your last session, or for minors, at least 5 years after the minor turns 18, whichever is longer, after which they are securely destroyed.

Minors

Under Pennsylvania law, a parent or legal guardian may consent to outpatient mental health treatment for a minor under 18, and a minor age 14 or older may also consent to their own treatment without a parent or guardian. For clients under 14, a parent or guardian must consent.

Pennsylvania law limits what information parents and guardians may receive about a minor's treatment, especially for minors 14 and older, who control the release of most of their own mental health records. A parent or guardian who has consented to treatment may receive the information needed to make that consent informed. Your clinician will generally keep the details of what a minor shares private, while keeping parents or guardians informed of general progress and any serious concerns about the minor's safety.

If a minor's parents are separated or divorced, we may ask for a copy of the custody order before treatment begins. Please note that if a minor's sessions are billed to a parent's insurance, the policyholder may receive statements showing that services were provided.

Automated Note-Taking

Your clinician may use computer-assisted note-taking software that is HIPAA compliant and specifically designed to protect your health information. This software temporarily records sessions and uses the recording to automatically generate a progress note (a required form of clinical documentation). After a progress note is generated, the recording is automatically deleted from all servers and databases. This software is SOC 2 Type 2 certified, which means an external third-party auditor reviews its systems, policies, and processes annually to ensure certain data privacy and security standards are met. By signing this consent form, you agree to allow your clinician to temporarily record your sessions and use this software to help generate progress notes before the recordings are deleted. If you are uncomfortable with this, please tell your clinician, and a version of this Informed Consent that does not include permission for automated note-taking will be provided instead.

Recording by Clients

To protect your privacy and the privacy of others, clients may not audio or video record sessions, in person or by telehealth, without the clinician's prior written consent.

Contacting Your Clinician Between Sessions

Should you need to reach your clinician between sessions, you may do so by telephone or email. Please remember that there are inherent confidentiality risks in communicating by email. While safeguards are in place to protect your privacy, you should not use email if you are concerned about any breaches of privacy that might inadvertently occur. Please limit any text messaging to time-sensitive appointment changes only. If your clinician is not available by phone, you may leave a confidential voicemail at any time, and your call will be returned as soon as possible, or by the next business day under normal circumstances. For any number of unforeseen reasons, if you do not hear from your clinician and you feel unable to wait for a call back, it remains your responsibility to take care of yourself until you are able to talk. If you feel unable to keep yourself safe, contact your physician or psychiatrist, or go to your nearest emergency room and ask to speak

with a mental health professional. You can also call or text 988, the Suicide and Crisis Lifeline, which is free and available 24 hours a day, or call 911. If you anticipate needing to speak with your clinician between appointments about matters that are best discussed in session, please let them know as soon as possible so you can try to arrange an appointment. Clinicians cannot follow or “friend” clients on social media or interact with clients in these forums outside of sessions.

Clinician Availability During Absences

Your clinician will make every attempt to inform you in advance of any planned absences. When away for an extended period, your clinician will give you advance notice and provide the name and contact information of the clinician covering their caseload. Clinicians are typically away from the office for vacations or professional events several times a year. If you have an emergency while your clinician is away, please contact the covering clinician, or call 911 if the situation warrants it.

Other Rights

If you are unhappy with what is happening in therapy, we hope you will talk with your clinician so that they can respond to your concerns. Such criticism will be taken seriously and with care and respect. You may also request a referral to another therapist, within Radiance Therapy Group or elsewhere, and you are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, sex, gender identity or expression, sexual orientation, age, religion, national origin, disability, or source of payment. You have the right to ask questions about any aspect of therapy and about your clinician’s specific training and experience. You have the right to expect that your clinician will not have social or sexual relationships with clients or former clients. Any sexual contact is a boundary violation, and thus is unethical and illegal.

You will typically be the one who decides when therapy will end, unless you and your clinician have contracted for a specific short-term piece of work, or your clinician does not feel able to help you because of the kind of problem you have or because their training and skills are not appropriate. In that case, your clinician will inform you and refer you to another therapist who may meet your needs.

If you have not attended a session or contacted us for 60 days, and you do not respond to our attempts to reach you, we will consider treatment ended and close your file. You are welcome to contact Radiance Therapy Group at any time to resume services, subject to

clinician availability.

Concerns and Complaints

If you have a concern about your treatment, we encourage you to raise it with your clinician first. If you are not comfortable doing that, or your concern is not resolved, you may contact Meghan DeFino, Clinical Supervisor, at Meghan@RadianceTherapyGroup.com or (484) 679-6341.

You also have the right to file a complaint with the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs, which oversees the licensing boards for counselors, social workers, marriage and family therapists, and psychologists. Complaints can be filed online at <https://www.pa.gov/services/dos/file-a-complaint-against-a-pa-licensed-professional>, and questions can be directed to the complaint hotline at 717-783-4849. Filing a complaint will not affect your right to receive services from Radiance Therapy Group.

Telehealth

You may attend therapy sessions virtually using a HIPAA-compliant video platform. By signing this, you acknowledge that you are aware of the potential risks of this technology, including interruptions, unauthorized access, and technical difficulties.

All Radiance Therapy Group clinicians are licensed in Pennsylvania, and most are licensed only in Pennsylvania. Your clinician may only see you by telehealth when you are physically located, at the time of the session, in a state where they are licensed. If you plan to travel outside of Pennsylvania, you must ask your clinician ahead of time whether they are licensed in the state you will be in. If you move, please tell your clinician right away so they can confirm whether they are able to continue seeing you.

If you join a telehealth session from a state where your clinician is not licensed, your clinician may have to end the session, and you will be charged the \$190 late cancellation fee for that session.

At the start of each telehealth session, your clinician may ask you to confirm where you are located. You agree to provide the name and phone number of an emergency contact, and to let your clinician know if you are joining from an address other than the one in your file. If a crisis or emergency occurs during a telehealth session, your clinician may contact

your emergency contact or local emergency services at your location. Please join sessions from a private place where you can speak freely. If the connection is lost, your clinician will try to reconnect by video or call you by phone.

Information About Licensure

Radiance Therapy Group clinicians are licensed in Pennsylvania at either the independent or the associate level. If your therapist holds an associate-level license, such as a Licensed Associate Professional Counselor (LAPC) or a Licensed Associate Marriage and Family Therapist (LAMFT), they are working toward full independent licensure and, as required by Pennsylvania regulations, practice under the supervision of a fully licensed clinician at Radiance Therapy Group. As part of supervision, they will regularly discuss your treatment with their supervisor, who may also review your clinical records and is bound by the same confidentiality requirements described in this agreement. You are welcome to ask your therapist about their license and supervision at any time.

Consent to Psychotherapy

I have read this Agreement, considered it carefully, asked any questions that I needed to, and understand it. I agree to pay any balance my insurance assigns to me as patient responsibility, including amounts I am disputing with my insurer, as well as any fees not covered by insurance. I understand my rights and responsibilities as a client, as well as my clinician's and Radiance Therapy Group's responsibilities to me. I understand that if my therapist holds an associate-level license, they practice under the supervision of a fully licensed clinician. I agree to undertake therapy with Radiance Therapy Group. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions offered by my clinician.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.