

Rhiannon C. Beauregard, MA, LMFT-S, CST, S-PSB
Licensed Marriage and Family Therapist
AASECT Certified Sex Therapist
NPI: 1588890255 EIN/TIN: 27-1313075
ALL APPOINTMENTS ARE SCHEDULED IN CENTRAL STANDARD TIME

New Client Information Packet

Informed Consent

Welcome to the private sex therapy practice of Rhiannon C. Beauregard, MA, LMFT-S, CST, S-PSB and SexTherapy-Online, PLLC. As a new client, it is important that details about treatment, your rights, and other information are readily available to you.

Please read this new packet carefully and sign and date the last page.

The rest of the packet is yours to keep for future reference.

If you have trouble reading this packet, please check out NaturalReaders.com or another text to speech software that can assist you with reading the document.

Contact Information

Phone: (512) 765-4741

Email: Rhiannon@SexTherapy-Online.com

For Appointments go to: www.therapyappointment.com

**PLEASE NOTE: ALL APPOINTMENTS ARE SCHEDULED IN
CENTRAL TIME.**

Hours of Operation

Clients can be seen during the day, evening, and occasionally weekend availability. For current availability, go to www.therapyappointment.com to see open appointments. All appointments are scheduled in Central Time, with the exception of when clients are seen in person on the East Coast.

Modality of Treatment

Most services are delivered at a distance, meaning we do not meet in the same room. If you are located near Austin, TX you can choose to see me online or in the office. There are a variety of ways that this can occur but most commonly it is over the phone, using live chat, or using video conferencing technology where we do see each other face-to-face using a HIPAA secure and encrypted video conferencing program. Distance therapy and e-therapy (also known as online therapy, teletherapy, tele-health, etc.) is not for everyone and has its benefits and limitations. For more information on the potential advantages and the potential risks and challenges of working in a distance model, please discuss this topic with the therapist.

Also, there may be times when distance therapy does not meet the therapeutic needs for the client, at the time. Two examples when this has occurred has been with couples conflict or a need/readiness to address deeper traumas or concerns. If this is occurring, the therapist will

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discuss with the clients their therapeutic needs and goals and offer recommendations and/or referrals if necessary.

Depending on where you are located, you may be able to meet with Rhiannon regularly or periodically in person. Rhiannon meets regularly with clients in Austin, TX and meets annually with clients in New Hampshire. Please contact Rhiannon for more information regarding in person sessions.

Fees

The fee for the initial 60-minute assessment session is \$250.00. The initial assessment fee also includes a 15-minute phone consultation with a collaborating provider. The fee for subsequent 50-minute follow up sessions is \$175.00. An initial follow up session is always recommended after an assessment to clarify anything in the assessment.

Consultation

Any additional consultation with collaborating professionals will cost \$25 per every 15-minutes. If additional consultation is necessary after the initial consultation, clients will be billed \$25 per 15-minutes. Collaborative consultations with other professionals (such as gynecologists, urologists, psychiatrists, psychologists, counselors, therapists, etc.) can maximize the likelihood of a positive prognosis for the client and is strongly encouraged that clients budget appropriately for collaborative consultation. Consultation will be billed to the client.

Other Fees

- File Copy: \$.10 per page for hard copy of records
- Letters: If a letter is requested, letter writing will be charged \$15 per 15-minute increment required to complete the letter. Minutes will be rounded up to the next 15-minute increment.
- Phone Calls/Emails: Phone calls and emails to schedule, reschedule, and cancel appointments are free. Phone calls with clients under 10 minutes are free. Emails written that take less than 10 minutes are free. Phone calls made to collaborating providers are billed at \$25 for every 15 minutes to client. Emails and phone calls longer than 10 minutes should be billed as an appointment.
- Valid Transaction Question Fee: \$35 (for credit card transaction investigation of valid charge)
- I do not appear in court on any one's behalf and have never been successfully subpoenaed. If I were to have to appear in court on a clients behalf, my hourly rate is \$250 per hour of preparation and \$250 per hour of appearance.

Payment

Payment is accepted by credit card and your credit card will be charged once the session is completed. Credit cards will be kept on file using a secure system. Visa, Discover, and MasterCard are accepted.

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If clients must pay by check, then payment of the session must be received prior to the session. If for any reason a check is returned, payment for the returned check as well as a \$30.00 fee will be required. Also, if a check is returned, credit card payment must be made for all future sessions. Cash is obviously preferred but no discounts will be made for cash payments.

Cancellation Policy

There is a standard cancellation policy that requires 24-hour notice for a cancellation. If less than 24 hours is given for a cancellation, half of the fee will be charged. If a client does not show for the appointment, the full fee is charged. This policy is upheld and by signing this document, you authorize your credit card to be charged when you cancel with less than 24 hours notice or do not show for your appointment and do not cancel.

If you are using your medical insurance to be reimbursed for the sessions, your insurance company will not be billed for a missed appointment but rather you will need to pay the full fee for a missed appointment and half fee for less than 24 hours notice. Emergencies are considered on a case-by-case basis.

If a client cancels three times throughout the course of treatment, it is assumed that now may not be the appropriate time for therapy. The therapist will address the repeated cancellations with the client and decide how to proceed. Please keep cancellations to a minimum.

Confidentiality

I hold in confidence all information obtained, generated, or documented in the course of providing therapy with the following exceptions:

- a. Threat of serious harm to self or others;
- b. Reasonable suspicion of child abuse, or neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult;
- c. Court order;
- d. Voluntary written release signed by client or guardian; and
- e. During supervisory or peer consultations.

A special note regarding sensitive sexual content involving a child or incapacitated or dependent adult: counsel by state authorities will be sought if a client reveals that they are in possession of any type of pornography or explicit images/media of a child or incapacitated or dependent adult or have exchanged any type of pornography or explicit images/media with a child or incapacitated or dependent adult. Depending on the state you reside in, the therapist is likely required by law to notify the police and other appropriate authorities. This includes speaking/talking/texting/conversing with a minor in an explicit manner or exchanging explicit photos or videos with a minor. Please note, in some states, a minor is considered under the age of 18.

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Providing therapy at a distance arises some unique challenges in case of an emergency. If an emergency occurs, Rhiannon C. Beauregard may speak to a member of your family or another clinician without your consent. If there is good reason to believe you are at imminent risk of harming yourself, Rhiannon C. Beauregard is legally responsible to inform a crisis center, hot line, emergency room, police, etc. and will contact the appropriate authorities in the area that you are located.

Many clients choose to be seen in a couple or family situation. Couple and/or family client records are the property of the couple and/or family and the couple and/or family has access to those records. It is essential that the client is aware that things that are said to the therapist can become part of the couple and/or family record and that all members of the client couple and/or family have access to the couple and/or family record. Treatment records will contain information about both/all parties and therefore will not be released unless both/all parties sign a written consent form or unless there is a court order.

I value your confidentiality greatly and in the event of an unexpected event causing death or permanent impairment of the therapist, client records and files will be managed by another licensed therapist who will provide a referral and transfer files if necessary. By signing this form, you authorize this to occur.

I guarantee that many steps have been taken to ensure that your confidentiality is protected. Both of the online platforms that are used are encrypted and HIPAA secure and my location is confidential and secure. Your role in protecting the confidentiality of our sessions will be to ensure that our sessions do not take place in the presence of anyone but the client and that you take reasonable and appropriate steps to ensure that your session is held in a private and confidential location. Additionally, it is expected that you do not participate in any other activities (such as driving, doing dishes/laundry, etc.) while in session.

Course of Treatment

Our therapeutic relationship will commence with a 60-minute assessment session that will take place over the phone, using video conferencing software, using online chat, or be in person in Austin, TX. Clients begin a therapeutic relationship with the therapist after they have created a login name and password and filled out all the appropriate paperwork via www.therapyappointment.com. Our initial appointment can often involve all members related to the reason for seeking out therapeutic services and all people in the initial session need to sign this document. If, however, after the initial appointment or a series of a appointments, the therapist decides to continue to see only one client as their primary client, then a special release needs to be signed or a new account needs to be created to authorize or remove authorization for the records of the initial appointment to be shared with other members of the relationship/family. After the initial appointment, the therapist may contact a collaborating

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profession via a 15-minute consultation or may save that service for when it is therapeutically relevant.

If after the assessment session it is determined that a course of treatment with Rhiannon C. Beauregard will not be appropriate, an appropriate referral (if available) will be made. Not all clients who schedule an assessment session are appropriate for a course of treatment with Rhiannon C. Beauregard.

Commonly, clients are encouraged to find or remain with an existing individual or couples counselor throughout a course of treatment with Rhiannon C. Beauregard. The treatment provided by Rhiannon C. Beauregard aims at being more of an adjunct that specifically focuses on the clients' or relationships' sexual issues, while an individual or couples counselor works on many other issues that may be better addressed in person.

Assessment is an ongoing process and assessment might continue to unfold throughout the course of many follow up sessions. Unless a diagnosis would be therapeutically helpful or if the client is planning on applying for reimbursement from their insurance company and it requires a diagnosis, generally I avoid diagnosing the problem with a specific label. Treatment is determined not by diagnosis, but through assessment and evaluation. As a marriage and family and sex therapist, I generally aim to be brief in my work with a client, however, the length of treatment varies and I believe treatment lasts as long as it takes to resolve the issues and as long as progress is being made, which cannot always be predicted. Deeply engrained or longstanding issues take a significant time to resolve.

The course of treatment usually winds down to a period of maintenance and then termination. If and when this period approaches, Rhiannon C. Beauregard will discuss maintenance and termination plans with the client. Rhiannon C. Beauregard often follows up with client via secure email at approximately 6 months post-termination if it is therapeutically relevant or necessary. It is the policy of SexTherapy-Online and Rhiannon C. Beauregard to not mail out letters using US Mail for termination or contact unless specifically requested by the client.

About The Therapist

As a Marriage and Family Therapist and Certified Sex Therapist, I am trained to work with individuals, couples, families, and groups with a variety of issues. My specialties include, but are not limited to, the following: couples and individuals with intimacy and sexual issues; couple issues; lesbian, gay, and bisexual individuals, couples, and families; transgender individuals and couples; sexual trauma; sexually compulsive behavior; out-of-control sexual behavior; marital issues; sexual subculture issues (kink and non-monogamy), and a variety of other sexual and intimacy related concerns. Rhiannon C. Beauregard is poly- and kink-aware.

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I use a variety of modalities that I have had extensive training in, including but not limited to the following: solution-focused therapy, cognitive-behavioral therapy, experiential therapy, structural family therapy, emotionally focused therapy, animal assisted therapy, equine assisted psychotherapy, narrative therapy, expressive arts therapy, psychodrama, internal family systems, and others.

Degrees Awarded:

- Bachelor of Science in Special Education, Awarded 05/2004 from Boston University
- Master of Arts in Marriage and Family Therapy, Awarded 05/2007 from Hofstra University
- Advanced Certificate in Divorce Mediation, Awarded 05/2007 from Hofstra University

Certifications and Memberships:

- American Association for Marriage and Family Therapy (AAMFT) Clinical Fellow, Issue Date: 06/30/2009
- American Association for Marriage and Family Therapy (AAMFT) Approved Supervisor, Issue Date: 05/31/2011, Expiration Date: 05/31/2021
- American Association of Sexuality Educators, Counselors, and Therapists (AASECT) Certified Sex Therapist, Issue Date: 01/26/14, Expiration Date: 01/26/2020
- Society for the Advancement of Sexual Health (SASH) Specialist in Problematic Sexual Behavior, Issue Date: 09/2016

Licenses Held:

New Hampshire Licensed Marriage and Family Therapist License #: 142 First Issue: 05/12/11 Expiration: 06/20/19	Maine Licensed Marriage and Family Therapist License #: MF3815 First Issue: 12/19/11 Expiration: 12/31/19	Massachusetts Licensed Marriage and Family Therapist License #: 1402 First Issue: 05/12/11 Expiration: 12/31/19	New York Licensed Marriage and Family Therapist License #: 735-01 First Issue: 11/31/08 Expiration: 10/31/20	Texas Licensed Marriage and Family Therapist License #: 202341 First Issue: 08/19/14 Expiration: 11/30/19
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Rhiannon C. Beauregard, MA, LMFT-S, CST, S-PSB is only available to provide therapy in the states she is licensed in: New Hampshire, Maine, Massachusetts, New York, and Texas.

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Accountability

A state counseling or mental health board regulates the practice of marriage and family therapy. The board is authorized by law to discipline counselors who violate the board’s law or rules. To learn about the complaint process, or to file a complaint against a counselor, contact the appropriate state coordinator:

<p>New Hampshire Board of Mental Health Practice 117 Pleasant Street Dulloff Building Concord, NH 03301 Tel: (603) 271-6762 Web: www.nh.gov/mhpb</p>	<p>Complaint Coordinator Office of Licensing and Registration 35 State House Station August, ME 04333 Tel: (207) 624-8660 Web: www.maine.gov/professionallicensing</p>	<p>Massachusetts Board of Allied Mental Health and Human Services Professions 1000 Washington Street, Suite 710 Boston, MA 02118 Tel: (617) 727-3080 Web: www.mass.gov/dpl</p>	<p>New York State Office of Mental Health 44 Holland Ave Albany, NY 12229 Tel: 1-800-442-8106 Web: http://www.op.nysed.gov/opd/</p>	<p>Texas State Board of Examiners of Marriage and Family Therapists P.O. Box 141369 Austin, Texas 78714-1369 Tel: 1-800-942-5540 Web: https://www.dshs.state.tx.us/mft/</p>
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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This page summarizes how I handle your health information. Please review this material carefully and sign the next page.

How I May Use and Disclose Your Health Information

I use health information about you for treatment, to help you get reimbursed for treatment, for administrative purposes, to evaluate the quality of care that you receive, and to collaborate with other health care professionals in your treatment. In most cases, I will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any further uses or disclosures.

Your Rights

In most cases, you have the right to look at or get a copy of your health information. If you request copies, I may charge you a reasonable fee. If you believe that your health information is incorrect or information is missing, you have the right to request that I correct the existing information or add the missing information.

My Legal Duty

I am required by law to protect the privacy of your health information, provide this notice about my privacy practices, follow the privacy practices that are described in this notice, and

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seek your acknowledgement of receipt of this notice. Please feel free to ask any questions about these policies.

Privacy Complaints

If you are concerned that I have violated your privacy rights, my privacy policies, or if you disagree with a decision I made about access to your health information, you may contact me. You also may send a written complaint to the US Department of Health and Human Services.

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Social Media and Internet Boundary Policies

Since my therapy practice is mostly based online, there are some unique challenges that come up that are important to be aware of prior to starting treatment with me. Please read this document in order to understand the expectations of the client and the therapist while interacting online.

Interacting on social media and the Internet with clients can compromise your confidentiality, can blur the boundaries of our therapeutic and professional relationship, and can impact our working relationship. My primary concern is your privacy and engaging in social media with you could compromise your privacy without my knowledge.

If there are things from your online life that you would like to share with me, please bring them to our sessions. We can review and explore them together during our therapy time. Here are a few policies about social media and Internet boundaries that I would like you to review:

Friending

I do not accept friend requests from current or former clients on any social media sites (including, but not limited to: Facebook, Twitter, Linked In, Snapchat, Instagram, Friendster, etc.)

Following

If you use an easily recognizable name on Twitter or blog commentaries, and you decide you want to follow my professional stream of tweets or blogs, we may discuss this and its impact on our therapeutic relationship. If you choose to follow me, please note that I will not follow you back due to privacy concerns and appropriate professional boundaries.

“Googling” and Use of Search Engines

It is not part of my regular practice to search for clients on the Internet using Google, Facebook, or other search engines. Extremely rare exceptions may be made during times of crisis (i.e.: if I have reason to believe that you are in danger and you have not been in touch with me via our usual means) or when I believe it helps accentuate the client-therapist relationship. Also, I ask that you do not search or “google” me beyond the information that you need to have to make a decision on whether I am the right the therapist for you. The internet has an unlimited amount of information about us as individuals and I ask that you respect my privacy and not do extensive searching on me or my personal matters.

Location-Based Services

There are some privacy considerations if you are using location-based services on your mobile device. Keep in mind that using a location-based service on your mobile device (even if you are unaware of it being activated) could violate your confidentiality and privacy.

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Review Sites

You may find my practice on various review sites such as Yelp, Healthgrades, Google Business, Facebook, or other places that list businesses. Some of these sites have review options that allow users to rate their experience. According to Kolmes (2010), many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, review, etc. While you have the right to express yourself on any site you want to, due to confidentiality concerns, I cannot respond to any review on any of these sites whether it is positive or negative. Because of privacy concerns, it is also likely that I will never see these sites and I ask that you discuss with me your feelings and reviews of our work directly instead, as this can be an important part of our therapeutic relationship. If you do have serious concerns regarding our time together, please feel free to contact your states' licensing boards (their contact information can be found in the "New Client Information Packet: Informed Consent").

Communication

Please use email or the secure messaging system through www.therapyappointment.com to communicate with me on the Internet and send attachments to the Rhiannon@SexTherapy-Online.com email. You may feel free at any time to call me as well. Automated text messages and/or emails may be sent to you regarding appointment times if you signed up for this service and may come at odd hours. You can also feel free to text me regarding scheduling. Any texts you send me will be part of your medical record. Please note that I may not respond to emails, texts, and voicemails immediately if they are not an emergency. Also, please be mindful and do not text or call past 9 pm CT, unless it is an emergency.

Appropriate Boundaries

Utilizing the Internet as a way to communicate can often arise some boundary issues that are not present in traditional face-to-face therapeutic relationships. Clients often feel free to express themselves in more open and deeper ways in a distance therapy situation. Clients can utilize telephone, chat, and video conferencing sessions in order to express more intimate and complex thoughts, feelings, and behaviors. Because inappropriate and compulsive behavior on the Internet is often one of the issues clients struggle with in their regular life, it can often be an issue within the therapeutic relationship. Please keep in mind that all emails and texts will be part of the clients' medical record and any inappropriate communication will be documented and addressed by the therapist in session.

These policies have been developed in order to protect your privacy and keep our therapeutic and professional relationship confidential.

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Please feel free to bring up any questions or concerns you have regarding the information found in this document when we have a session. As new technology, apps, programs, and resources develop and as the Internet changes, it may be necessary for this document to be updated. If this document is updated, I will notify you and send you a copy of the updated policy.

This document was adapted Dr. Keely Kolmes "My Private Practice Social Media Policy" document.

Tele-Therapy and Electronic Therapy (E-Therapy) Informed Consent Form

By signing below, I consent to engaging in tele-therapy and/or electronic therapy with Rhiannon C. Beauregard, MA, LMFT-S, CST, S-PSB as part of my mental health treatment. I understand that "tele-therapy" and "electronic therapy" includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications such as the telephone, cellular phones, the Internet, and various programs such as iChat, VSee, and other relevant programs.

I understand that I have the following rights with respect to tele-therapy and/or electronic therapy:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my health information also apply to tele-therapy and electronic therapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. 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 an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the tele-therapy and/or electronic therapy interaction to other entities shall not occur without my written consent.
- (3) I understand that there are risks and consequences from tele-therapy and electronic therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my health information could be disrupted or distorted by technical failures; the transmission of my health information could be interrupted by unauthorized persons; and/or the electronic storage of my health information could be accessed by unauthorized persons. I also understand that the programs listed above have their own policies that might interfere with confidentiality and I am fully aware of the risks associated with working with these programs. In addition, I understand that tele-therapy and electronic therapy-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 psychological services (e.g. face-to-face services) I will be referred to a practitioner who can provide such services in my area,

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if available. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

(4) I understand that tele-therapy and electronic therapy is not the recommended modality of treatment for many clients including, but not limited to: clients who are actively suicidal or homicidal, clients with active substance abuse issues, clients with severe psychiatric conditions, clients in violent situations, etc. I understand that if I am identified as falling into the previous categories, or others, that I may be offered a referral to another therapist who utilizes a modality that will be better suited to my needs. Additionally, I may be asked to consent to an additional "Safety Plan" in order to protect my safety given the nature of the risk I present with.

(5) I understand that I may benefit from tele-therapy and/or electronic therapy, but that results cannot be guaranteed or assured.

(6) I understand that I have a right to access my health information and copies of records in accordance with state law.

(7) I understand that there are many ways to communicate with my therapist but the most secure ways to communicate with her are through either a telephone call OR the secure email system through www.TherapyAppointment.com. While security is often a perception and nothing truly can be guaranteed due to the laws of our government, the secure messaging system and the Rhiannon@SexTherapy-Online.com email accounts have also had reasonable steps taken to make them HIPAA compliant and secure. The fax number delivers faxes directly to the gmail account digitally so while it is more secure than a fax sitting in an office fax machine for anyone to read, it's "security" can also not be guaranteed. Rhiannon has taken every measure in her power to ensure that your information and data is secure and by signing this form, you acknowledge that there is still a possibility that your information could be accessed.

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Authorization to Release Information

In order to best provide comprehensive services to you and/or your relationship it may be necessary to contact other providers such as therapists, social workers, case workers, and doctors especially when these practitioners have knowledge of what brings you and/or your relationship to therapy. Please take a moment to fill out this form completely so I may access those professionals that might be able to contribute to finding solutions. As a new client, your initial assessment fee includes a 15-minute consultation with a collaborating professional. Subsequent consultations will be billed to the client.

Name:

Profession:

Relation to You:

Doctor
 Lawyer

Therapist
 Other:

Social Worker

Case Worker

Professionals Contact Number:

Professionals Contact Address:

What are you comfortable with us talking about?:

Is there anything you are not comfortable with us talking about?

Name:

Profession:

Relation to You:

Doctor
 Lawyer

Therapist
 Other:

Social Worker

Case Worker

Professionals Contact Number:

Professionals Contact Address:

What are you comfortable with us talking about?:

Is there anything you are not comfortable with us talking about?

I understand that I may revoke the consent at any time and that the above-named persons authorized to receive information has the right to inspect and copy the information to be disclosed.

Signature of Client (or guardian)

Date