Unified Informed Consent, Practice Policies, & Multi-State Disclosure

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NEW CHAPTER MENTAL HEALTH COUNSELING, PLLC — INFORMED CONSENT & PRACTICE POLICIES

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Daniel Hoefling, LMHC

Licensed Mental Health Counselor

• New York License: #010087

• Vermont LCMHC License: #068.0134618TELE

• Florida Registered Out-of-State Telehealth Provider: #TLHT7301

• Practice Portal Verification Link: https://newchaptertherapy.com

Practice Mailing Address: 169 Madison Ave, STE 11965, New York, NY 10016

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1. DISCLOSURE OF CREDENTIALS & MULTI-STATE JURISDICTION

Daniel Hoefling is an independently licensed mental health professional operating across multiple state jurisdictions. Clinical services are strictly governed by the statutes, administrative rules, and professional licensing boards corresponding to the client's physical location at the exact time care is delivered.

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2. JURISDICTIONAL MANDATE, TELEHEALTH LOGISTICS & BUSINESS HOURS

• Location Verification: Due to strict state regulations, I certify that I will be physically located within the State of New York, the State of Vermont, or the State of Florida during the entirety of every clinical session. I agree to truthfully verify my physical location at the start of every appointment.

• Technical Disconnect Plan: If our video platform fails mid-session, both parties agree to wait two (2) minutes and attempt to reconnect via the SimplePractice link. If the connection cannot be restored, Daniel Hoefling will call my primary phone number to finish the session via voice.

• Environment: I assume full responsibility for creating a quiet, secure, and private room for my video calls to protect my data from unauthorized ears.

• Business Hours & Communication Availability: Standard business and operational hours for the practice are Monday through Thursday between 11:00 AM and 7:30 PM. Administrative and clinical communications received outside of these hours, on weekends, or during holidays are reviewed during regular business hours on the following business day. Your clinician is not available and may not see or respond to messages sent after 7:30 PM and before 11:00 AM.

• Emergency & Crisis Protocols: New Chapter Mental Health Counseling, PLLC is an outpatient counseling practice and does not provide 24/7 crisis response or emergency services. If you are experiencing a mental health emergency, acute crisis, or severe distress, do not wait for a response via email, phone, or portal message. Immediately call or text 988 (Suicide & Crisis Lifeline), call 911, or report to the nearest hospital emergency room in your physical location.

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3. THE THERAPEUTIC PROCESS & CLINICAL BOUNDARIES

• Process: Psychotherapy depends heavily on your active participation. Confronting painful memories or behavioral patterns may cause temporary spikes in anxiety, anger, or sadness. There are no automatic clinical cures; your clinician pledges to support you and help unpack repeating patterns.

• Public Encounters: If we see each other accidentally outside the clinical office, your therapist will completely protect your confidentiality by not greeting you first. If you greet him first, he will respond warmly but will decline lengthy public chats.

• Social Media: To minimize dual relationships and safeguard client privacy, your clinician strictly declines friend or contact requests from current/former clients on all social media platforms (Facebook, Instagram, LinkedIn, etc.).

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4. COMPLAINTS & GRIEVANCE INFRASTRUCTURE

We encourage you to bring any treatment concerns directly to our attention. However, you retain the legal right to file an official administrative grievance with the appropriate state body:

• New York: NYS Education Department, Office of the Professions, State Education Building, Albany, NY 12234.

• Vermont: Office of Professional Regulation (OPR), 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402 Phone: (802) 828-1505 https://vermont.gov

• Florida: Department of Health, Medical Quality Assurance, 4052 Bald Cypress Way, Bin C-11, Tallahassee, FL 32399 https://flhealthsource.gov

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5. FINANCIAL TERMS, OUTSTANDING BALANCES & FEE ADJUSTMENTS

• Session Rates & Payment: Payment is expected at the time service is rendered unless otherwise agreed upon in writing. A valid credit card must be kept on file in the practice portal for automated billing.

• Outstanding Balances & Pausing of Care: If an account reflects one (1) unpaid session that remains outstanding for one (1) week (7 calendar days) following the date of service, upcoming sessions will be paused or canceled until the balance is resolved in full or a formal payment plan is established.

• Ethical Continuity of Care: Pausing care due to unpaid balances is an administrative boundary, not a clinical abandonment. If care is paused for an extended period due to non-payment, temporary referral resources and transition options will be made available upon request to support your ongoing care needs.

• Annual Fee Adjustments: Practice session rates undergo a routine evaluation annually on January 1st to account for cost-of-living adjustments, inflation, and operational overhead. You will receive a minimum of 30 days' advance written notice prior to any fee adjustments taking effect.

• Financial Hardship: If an upcoming rate adjustment or outstanding balance presents a significant financial barrier to continuing care, please inform me as soon as possible so we can discuss options, temporary arrangements, or appropriate referral resources prior to any interruption of care.

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6. ADMINISTRATIVE CLINICAL TERMINATION

Should you fail to schedule or attend an appointment for three (3) consecutive weeks without securing a pre-arranged administrative leave of absence in writing, the professional relationship will be considered officially discontinued for legal, ethical, and clinical reasons. A formal termination summary and referral list will be issued to your secure portal.

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BY EXECUTING MY ELECTRONIC SIGNATURE BELOW, I CERTIFY THAT I HAVE READ, UNDERSTOOD,

AND UNCONDITIONALLY AGREE TO ALL THE CLINICAL BOUNDARIES, FINANCIAL POLICIES, AND

JURISDICTIONAL TERMS CONTAINED WITHIN THIS COMPREHENSIVE RECONSOLIDATED DOCUMENT.

Client Full Printed Name: _____

Client Signature: _____ **Date:** ____