

Terms and Conditions

Practice Name: Healing Angels Collective

Effective Date: September 28, 2026

1. Scope of Services & Practice Description

Healing Angels Collective provides professional mental health counseling and psychotherapy services.

- **Treatment Process:** Therapy involves active participation, self-reflection, and collaboration between the client and therapist.
- **Outcomes Disclaimer:** While psychotherapy can lead to improved mental health and emotional well-being, specific outcomes cannot be guaranteed.

2. Communication & Digital Messaging Disclosures (TCPA / 10DLC Compliance)

By providing your mobile phone number and submitting intake or contact forms, you agree to receive electronic communications from Healing Angels Collective.

- **SMS Consent:** Text communications are utilized for appointment scheduling, reminders, billing notifications, and practice announcements.
- **Opt-In & Opt-Out:** Message frequency varies. Standard message and data rates may apply. You may opt out at any time by replying STOP to any text message, or reply HELP for assistance. Consent is voluntary and is not required as a condition of receiving treatment.

- **Privacy & Non-Sharing Statement:** Mobile information and SMS opt-in consent data will NOT be shared or sold to third parties or affiliates for marketing purposes under any circumstances.

3. Emergency & Crisis Messaging Disclaimer

- **Non-Urgent Communication Notice:** Text messaging, email, and website contact forms are intended strictly for non-urgent administrative inquiries (scheduling, billing, general questions) and are NOT monitored 24/7.
- **Crisis Protocol:** Do NOT use text messages, emails, or web contact forms for medical or mental health emergencies. If you are experiencing a mental health crisis or emergency:
 - Call 911 immediately or go to the nearest hospital emergency room.
 - Call or text 988 to reach the Suicide & Crisis Lifeline (available 24/7, free, and confidential).

4. HIPAA Communication & Privacy Disclaimer

Standard text messaging and standard email are unencrypted communication channels and carry inherent privacy risks. Sensitive clinical details or personal medical history should not be sent via unencrypted text message or email. For secure clinical communication, please use our HIPAA-compliant client portal.

5. Telemental Health Policies

For clients participating in telehealth / video therapy sessions:

- **Client Environment:** Clients must ensure they are in a private, quiet, and secure location during session to maintain confidentiality. Sessions must not be conducted while driving or in public settings.
- **Licensure Boundaries:** Clients must be physically located within the state(s) in which the clinician is legally licensed to practice at the time of the appointment.
- **Technical Backup Plan:** In the event of a technological disruption during a telehealth session, the therapist will attempt to re-establish connection or contact the client via the primary phone number on file.

6. Fees, Billing, and Cancellation Policy

- **Fee Structure:** Outlined rates apply to intake assessments, individual therapy sessions, couples counseling, and administrative tasks.
- **Cancellation & No-Show Policy:** Cancellations or requests to reschedule must be submitted at least 24 hours prior to the scheduled appointment time. Late cancellations or missed appointments without 24 hours' notice will incur the session fee.
- **Payment Processing:** A valid credit card or debit card must be kept on file. Card charges will be processed automatically prior to each session unless alternative payment arrangements have been made in advance.

7. Confidentiality & Legal Exceptions

All interactions with Healing Angels Collective are strictly confidential in accordance with HIPAA guidelines and ethical standards. Information will not be released without written authorization, except under the following legally mandated exceptions:

1. Suspected child abuse, neglect, or exploitation.
2. Suspected elder or vulnerable adult abuse, neglect, or exploitation.

3. Imminent threat of harm to self or others.
4. Compliance with a valid legal court order or judge-issued subpoena.

8. Legal Proceedings & Court Subpoena Policy

Healing Angels Collective engages in clinical therapy and does not conduct forensic evaluations or offer testimony in legal disputes, custody proceedings, or court hearings.

- If a provider is legally compelled by subpoena or court order to testify or produce records, standard specialized legal fees (including retainer, deposition preparation, travel, and court appearance fees) will be billed directly to the client.

9. Termination of Services

- **Client Rights:** Clients reserve the right to discontinue therapy at any time.
- **Provider Discontinuation:** Healing Angels Collective reserves the right to terminate treatment if clinical needs fall outside the scope of practice, in cases of persistent non-payment, or due to safety concerns. Proper referrals to external resources will be provided.

10. Limitation of Liability & Hold Harmless

To the fullest extent permitted by applicable law, Healing Angels Collective and its clinicians, employees, and agents shall not be liable for any indirect, incidental, consequential, or special damages arising out of or in connection with the provision of therapy services or the use of our website and digital tools. Clients acknowledge that engaging in psychotherapy carries inherent risks and personal responsibility.

11. Intellectual Property & Website Content

All content, branding, practice forms, psychoeducational materials, and website resources provided by Healing Angels Collective are the property of the practice and are protected by copyright and intellectual property laws. Content may not be reproduced, republished, or redistributed without prior written consent.

12. Client Acknowledgment & Consent

By signing below, I acknowledge that I have read, understood, and agree to the Terms and Conditions, Practice Policies, TCPA/10DLC Communication Disclosures, and Emergency Disclosures outlined above.

☐ **Client Full Name:**  Person

☐ **Date:**  Date

☐ **I agree to the Terms and Conditions and SMS Communications as described above.**

Client Signature:  Person