



Telehealth refers to providing therapy services remotely using technology such as video conferencing and/or telephone calls. There are both benefits and potential risks with telehealth. The benefits of telehealth services include convenient access to care and the ability to meet from a location of your choice. Research has shown therapy via telehealth to be highly effective. However, there are potential risks and additional responsibilities to be able to engage in telehealth services. It is important for you to understand the following:

TECHNICAL COMPETENCE AND EQUIPMENT

Telehealth requires technical competence by both the therapist and client to be effective. You may have to have certain computer or cell phone systems to engage in telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth services. It will be your responsibility to know how to use the device(s) and/or equipment you are connecting to sessions with.

CONFIDENTIALITY

Since telehealth sessions take place outside of the therapist's office, protecting confidentiality will require effort by both the therapist and client. I, the therapist, will take reasonable steps to ensure your privacy and protect all communications that are a part of the telehealth services. However, the nature of electronic communications technologies is such that I cannot guarantee that communications will be kept confidential or that other people may not gain access to communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that electronic communications and/or sessions may be compromised, unsecured, or accessed by others. It will be your responsibility to also take reasonable steps to ensure the security of communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth). It will also be your responsibility to attend sessions only from a private, confidential space where you will not be interrupted to allow you to protect your confidentiality and be comfortable expressing yourself as you need to. Additionally, it will be your responsibility to never share the link to your session. If a support is being invited into your individual session via telehealth, a different link will be used.

TECHNOLOGY

Technology issues might impact sessions. For example, technology may stop working during a session, may be intermittent, or be delayed, which can be frustrating and/or interrupt sessions. If the session is interrupted, you cannot connect via the same method that was being used or planned to be used, AND you are NOT having an emergency, wait for me to call you on your cell phone and we will decide together how to proceed with the session.

EFFICACY

Research shows that telehealth is about as effective as in-person psychotherapy. However, some things are not able to be fully experienced when the therapist and client are not in the same room. For example, it is harder to see and understand all of the non-verbal communication when working remotely and may require more verbal check-ins and clarification.

APPROPRIATENESS FOR TELEHEALTH

If you are currently engaging in high-risk behaviors, are in a dangerous situation, and/or requiring high levels of support and intervention, telehealth may not be appropriate for your sessions. If this applies, I will discuss with you whether in-person sessions are more appropriate, and in-person sessions may be required to continue services with Present Awakenings Therapy Center. Before engaging in telehealth, an emergency response plan will be developed to address any potential crisis situations that may arise during the course of treatment.

EMERGENCIES

To engage in telehealth services, you will need to have an emergency contact on file. You will also need to provide the address of the location where you are at during the session in each session. In the event of an emergency, I will contact your emergency contact and/or emergency services as deemed necessary. If the session is interrupted for any reason (such as the connection fails) and you are having an emergency, do NOT call me or attempt to reconnect to the session; instead, call 911 or go to your nearest emergency room. Contact me only after you have called or obtained emergency services.

FEES

The same fee rates will apply for telehealth services as for in-person services. However, insurance may not cover sessions that are conducted via telehealth. If your insurance does not cover telehealth services or stops covering telehealth services, you will be solely responsible for the entire fee of the session. It is your responsibility to contact your insurance company prior to the start of telehealth sessions in order to determine whether telehealth sessions will be covered by your insurance.

RECORDS

Telehealth sessions shall not be video or audio recorded in any way by either the therapist or client unless agreed to in writing by mutual consent. I will maintain a record of your sessions in the same way records are maintained for in-person sessions in accordance with the practice's policies.

This agreement is intended as a supplement to the general informed consent and practice policies that were agreed to at the outset of clinical work and does not amend any of the terms of those agreements.

By signing this form below, you certify that you have read or had this form read to you, understand its contents, have been given the opportunity to ask questions, and that any questions have been answered to your satisfaction. You also agree to your responsibilities as outlined.

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

[DOCUMENT IS SIGNED ELECTRONICALLY VIA CLIENT PORTAL]