

Awakened Awareness, LLC

Technology Use Waiver

Awakened Awareness, LLC has taken precautions to decrease risk of confidential information being intercepted. Any services or security software used by clinicians do not guarantee full protection of health information. The preferred means of therapeutic contact is “face-to-face” in an outpatient office setting. However, in the case of unavoidable circumstance, such as COVID,

I, _____, agree to meet over an electronic medium - includes telephone, or video chat.

I. Teletherapy is the delivery of psychological treatment and consultation provided through interactive internet technologies where the patient and the clinician are not in the same physical location.

II. Clients are expected to attend therapy sessions regularly and require a min 24 hours notice for cancellation and reschedule.

III. A lack of access to the information that might be achieved in a face-to-face visit but not in a teletherapy session may result in errors in psychological judgment.

IV. There might be a risk of deficiencies, delays or failures during the transfer of services due to electronic circumstances.

V. Teletherapy does not provide emergency service.

VI. All information provided will be held confidential and will not be disclosed without permission, except where disclosure is required by law. The electronic systems that are used throughout the service incorporate network and software security protocols (encryption) in order to protect the confidentiality of the patient information and data.

By signing I understand there is inherent risk of my protected health information being intercepted and I accept this risk. I understand that all forms of electronic communication have inherent risk. Risks include security issues such as intercepted calls or security issues such as hacking. This has the risk of compromised confidentiality.

Client Signature

Date

Signature of Parent/Guardian (if applicable)

Date