

## Informed Consent of Telehealth Services

This Informed Consent of Telehealth Services is an addendum to the Informed Consent for Treatment in the original paperwork with Phoenix Rising Solutions, LLC. Please refer to the original intake documents for more information, if needed.

### Procedures for Telehealth Services

1) A direct call or link will be provided for you to join your telehealth session with a HIPPA-compliant platform (e.g., doxy.me, Simple Practice) or the currently allowed other platforms (e.g., phone call, FaceTime, Skype, GoogleDuo). Please either answer the call or join the session by clicking on the link within 5 minutes of the start time or text your clinician to let s/he know when you can join your session. If you are unable to join, text your clinician right away. You may have to have a session though a phone call rather than video telehealth service.

2) Cancellation fees still apply if you are unable to give your clinician 24 hour's notice before cancellation. The cancellation fee is \$30.

3) Clients are thought to be alone during the duration of the session with their clinician. If you invite others to be in the session, please have them available for the clinician to see and interact with along with you. Be aware that confidentiality cannot be guaranteed with another person involved in your session.

4) Sessions should not be audio and/or video recorded because they may compromise you as the client if someone else is to find them at a later time. If you intend to record the session, you must get the informed consent of your clinician before doing so. Parts of the session can be recorded for your benefit (e.g., guided relaxation, imagery, support activities to do outside of sessions), and you must receive informed consent from your clinician before doing so.

5) Your clinician has taken the American Counseling Association's webinar entitled Distance Counseling, HITECH, and HIPAA: Navigating Compliance, the Law, and Ethics, or an equivalent workshop, to ensure the proper use of telehealth services with counseling clients.

### Benefits of Telehealth Services

1) People with almost all diagnostic symptoms have been documented as being successfully treated with traditional telehealth. However, people with severe anxiety, flagrantly psychotic symptoms and/or suicidal and homicidal intent may not be optimal choices while symptom patterns are exacerbated. See number 1 under Limitations.

2) In the short-term, the purpose of the telehealth services are to benefit the ongoing treatment of clients during the COVID-19 outbreak and minimize the spread of the virus where having regular physical contact could transmit. Therefore, telehealth sessions can facilitate the necessary and regular contact to achieve your mental health goals.

## Informed Consent of Telehealth Services

3) Future use of telehealth services will be evaluated for further use to defray costs of travel, child care, loss of work time, and other unlisted benefits.

### Limitations of Telehealth Services

Service to the “Home” or other environments outside of the clinician’s office setting

1) Clinician will rely on information provided by the client. The limits of confidentiality that apply in the office also apply with the use of telehealth services. As mandated reporters, we may need to utilize the proper authorities if our clinicians clinically determine that you are suicidal and/or homicidal; in cases of reported child, vulnerable adult, and elder abuse; prenatal exposure to controlled substances; and any illegal activities. In such cases, our clinicians are obligated to contact emergency services and different social service departments.

2) There may be some difficulty in maintaining confidentiality, even with HIPPA-compliant or other allowed platforms service, due to whoever is around you or myself at the time of our session, such as lurkers, intruders, or interruptions.

3) There may be times that there is disruption in services using electronically transmitted communications due to wireless connection, which include but are not limited to distortions, delays, interceptions, and interruptions.

4) Your insurance may not pay for telehealth services or it may be considered an out-of-network benefit with a separate out-of-network deductible. Therefore, you may owe for the entire session rather than your co-payment/co-insurance/in-network deductible. Please inquire with me about different billing and collection options.

I have read and understand the telehealth services and agree to its terms. If I have any questions, I will ask my therapist or practice owner for clarification.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note: Parent signs for clients under the age of 12 years old. If client is between 12 and 18 years old, both client and parent/guardian signatures are required.**