WAYFIND COUNSELING LLC

Informed Consent for Telehealth Delivery of Services

This document is an addendum to the standard Informed Consent for Services and does not replace it. All aspects of informed consent for treatment in that document apply to Telehealth.

Telehealth is the delivery of health services using interactive technologies between a provider and a client who are not in the same physical location by use of video conferencing. I understand that there are potential risks to this technology including interruptions, unauthorized access, and technical difficulties. I understand that Wayfind Counseling LLC uses a confidential, HIPAA compliant video platform and a secure, private internet connection in order to protect client confidentiality. Technology or signal issues could result in delay, freeze, or loss of internet connection as well as the loss of non-verbal cues. These could result in missed information or misinterpretation by therapist and client.

I Understand the following about using Telehealth to access clinical services:

- I understand that video conferencing technology will be used and that such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
- I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- I have the right to discuss any of my concerns about use of telehealth delivery for my mental health treatment.

I understand that I have the following rights with respect to telehealth:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.

- The laws that protect the confidentiality of my mental health records also apply to telehealth.
- I understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

I understand the following potential risks, consequences, and limitations of telemental health:

- Telehealth may not be an adequate replacement for in-person counseling in all cases, it is an alternative medium to deliver counseling services with certain limitations.
- Telehealth is still relatively new, and research is still developing to indicate that it is an effective means of receiving therapy.
- Telehealth may not be the most appropriate form of care if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.
- Telehealth may include disruptions or delays in the service and quality of the technology used. This could contribute to delays in visual and/or audio cues, which may increase the likelihood of misunderstanding each other. In the event of misunderstanding, I understand that I must ask for clarification or repetition, and that I may be asked the same, and that at times this can disrupt the therapeutic flow of discussion.
- In rare cases, with any delivery of services using technological means, security protocols could fail, and your confidential information could be accessed by unauthorized persons.

I understand the following Backup Plan in Case of Technology Failure

- The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your clinician knows the phone number where you can be reached if the session gets interrupted.

- If you get disconnected from a telehealth session, first try to reconnect and your clinician will do the same. In the event that reconnection is ineffective, your clinician will try to reach you by the phone number you have provided. You may also attempt to call if experiencing technical difficulties so that obstacles can be navigated, or the appointment rescheduled with minimal delay.

Agreement to provide Emergency Contact information

If you are ever experiencing an emergency, including a mental health crisis, please call 911, the national suicide hotline 988, or a local hotlines such as 2-1-1 Big Bend. You

always also have the option to go to the nearest emergency room and tell them you are experiencing a mental health crisis.

In the event of an emergency, or immediate concern for your safety and wellbeing, the following information is important and necessary to provide at each telemental health appointment. *By signing this form, you are acknowledging that you understand and agree to provide the following:*

- Provide your current physical location from which attend each appointment. During completion of intake forms, you will complete an Emergency Contact form for Telehealth as part of your intake packet. On this form you will list the address from which you anticipate attending most of your telehealth appointments. You must notify your clinician at the start of any appointment if in a different location from that identified as the primary location on this form.
- You must identify a person who can be contacted in the event your clinician believes your safety is at risk. Ideally, this would be a person who resides in the same city or county as you and who would be willing to go to your location in the event of an emergency and/or call 911 or transport you to a hospital if necessary.
- Your clinician may require you to create a safe environment in your location during the time you are in treatment. This may mean securing firearms, excess medications, or other potentially dangerous objects to prevent easy access or by removing them from your location.

My responsibilities while receiving telemental health:

- I will only attend telehealth appointments from within the state of Florida in accordance with Licensure laws and legal guidelines governing the practice of mental health counseling in the state of Florida. If I am out of state during the time of a meeting, I will reschedule my appointment.
- Engage in sessions only from a private location where I will not be overheard, or interrupted, and where I will be safe for the duration of the appointment. (i.e. do not attempt to join appointments while actively driving).
- Be appropriately clothed, alert and upright for sessions as if attending in-person.
- Video and Audio must be turned on for the duration of the appointment for your clinician to provide you the most appropriate care and attunement to your needs.
- Use my own computer or device, or one that is not publicly accessible.
- Ensure that the computer or device I am using has updated operating and anti-virus software.

- I will not record any sessions as this compromises my privacy and security. Any recording of sessions by clients impairs the clinician's ability to protect the confidentiality of the client. Your clinician will never record your sessions without your prior consent and discussion of the implications of such an action.

Telehealth Delivery Services

Your clinician may use different providers for the delivery of telehealth services. These may include *Telehealth by Simple Practice* or *Meetings by Phone.com* depending on session format and other factors. Simple Practice is a secure, HIPAA compliant electronic healthcare records system with its on integrated telehealth services for 1:1 meetings. Wayfind Counseling LLC has entered a Business Associate Agreement with Phone.com to ensure compliance with HIPAA privacy laws to ensure that your information and use of the service is protected. Further information regarding privacy protection and the agreements for participation in group therapy are in the Group Therapy Telehealth Consent Form.

By participating in Telehealth through the technology offered by *Meetings by Phone.com* and *Telehealth by Simple Practice* you acknowledge the following:

1. Telehealth by SimplePractice and Meetings by Phone.com are NOT emergency Services and in the event of an emergency, you will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service or Meetings by Phone.com provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice and Meetings by Phone.com Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice or Meetings by Phone.com service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information on the Telehealth by SimplePractice or Meetings by Phone.com services.
5. To maintain confidentiality and security of these methods of delivery, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

BY SIGNING THIS FORM I CERTIFY:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

Client Name _____ Date of Birth _____

Client Signature _____ Date _____

By providing this information, I agree to have my therapist, Kimberly Bechtel LMHC, ATR of Wayfind Counseling LLC to contact emergency personnel and/or my emergency contact as needed in the event of an emergency. What constitutes an emergency is at the discretion of the therapist and includes but is not limited to my becoming incapacitated during the course of a session due to medical health concerns, compromised safety of my environment, and/or expressing risk of harm to self or others and my group therapist is unable to reach me for further assessment, and/or there is reason to believe the risk of harm is imminent.

_____ _____

Street Address from which I will attend Telehealth appointments Apt/Bldg/Room#

_____ _____ _____

City State Zip Code

I authorize Kimberly Bechtel LMHC, ATR of Wayfind Counseling LLC to contact my designated Emergency Contact Person listed below, and any additional emergency services as indicated.

_____ _____ _____

Name (first and last) Phone Number Relationship

By signing below, I certify:

- *That I have read, understood and agreed to the telehealth guidelines listed above.*
- *That I fully understand its contents, including the risks and benefits of group telehealth*

_____ _____

Client name (printed) Date of Birth

_____ _____

Signature of Client Date Signed