



Informed Consent to Treatment: Addendum for Telehealth Counseling

The purpose of this addendum is to provide additional information regarding telehealth counseling, so that you can make an informed decision regarding participating in telehealth counseling. This information is to supplement (not replace) the information in the Professional Disclosure Statement. Please review this information carefully and ask your therapist any questions that you have.

About Telehealth Counseling: Telehealth counseling is a form of distance counseling that can be used in place of face-to-face counseling in appropriate situations. Telehealth counseling is not appropriate for all counseling situations but can be used very effectively for many counseling situations. Lewisville Family Counseling, PLLC uses video conferencing for telehealth counseling sessions. Some counselors also use the texting app Oh MD for scheduling purposes.

Video Conferencing: All video conferencing correspondences will be done through Regroup Connect via <https://www.regroupconnect.com>, or C3Now (link coming soon), which are encrypted to the federal standard and HIPAA compliant. Your therapist or the office manager will advise you which platform will be used for your sessions. It is recommended that you sign on to your telehealth platform account at least 5 minutes prior to your session start time. You are responsible for initiating the connection with your therapist at the time of your session.

Risks/Client's Responsibilities/Client's Protection: When using technology for communication, there is a risk that it may be forwarded, intercepted, circulated, stored, or even changed, and the security of the devices used may be compromised. Although your therapist will make reasonable efforts to protect the privacy and security of all electronic communication with you, it is not possible to completely secure the information. If you use any other methods of electronic communication with your therapist, other than the means recommended by your therapist, there is a reasonable chance that a third party may be able to intercept that communication.

With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. I encourage you to only communicate through a computer, or any other device, that you know is safe and secure. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology that you use. Please contact me with any questions that you may have regarding privacy measures.

Client Agreement: By signing this form, you agree to:

- Avoid using mind altering substances prior to and during session
- Dress appropriately during web-based sessions, as you would if you were attending a session at your counselor's office
- Hold the session in a room that is appropriate for a web-based session, such as a home office
- Do not have anyone else in the room unless you first discuss it with your counselor
- Not conduct other activities while in session, such as driving
- Not bring any weapons of any kind to session
- Do not record sessions without first obtaining the provider's approval
- Be located within the states in which the clinician is licensed to practice (unless previously discussed with counselor)
- Minors should have a parent or guardian with them at the location/building of the web-based session, unless otherwise agreed upon with their counselor.

Limitations of Distance Counseling: Distance counseling should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations. By signing this document, you agree that you understand that distance counseling:

- May lack of visual and/or audio cues, which may cause misunderstanding. Whenever there is communication that lacks visual or audio cues there is a risk of misunderstanding. When this happens, it is important to assume that your counselor has positive regard for you, and to check out your assumptions. This will reduce any unnecessary hardship.
- May have disruptions in the service and quality of the technology used.
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

Emergency Management for Distance Counseling: So that I am able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You agree to inform your therapist of the location in which you will consistently be during our sessions and will inform your therapist if this location changes.
- You agree to identify an emergency contact person **whom your therapist is allowed to contact** in the case that I believe you are at risk (see below).

- Depending on my assessment of risk, you or your therapist may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call 911 and/or transport you to a hospital. In addition, your counselor may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment with me. This may mean disposing of all firearms and excess medication from your location.

Emergency Contact Name: _____

Relationship to You: _____

Phone Number(s): _____

Backup Plan in Case of Technology Failure: Sometimes technology failures can arise before or during a telehealth counseling session. The most reliable backup is a phone. It is recommended that you always have a phone available before and during your session and that your therapist knows your phone number.

If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes, e-mail me at **kervins@lewisvillefamilycounseling.com**. If I do not hear from you, you agree for me to call you at the phone number that you listed in Therapy Appointment during your client registration process. If there is a different phone number I should use, please list that here: _____; this phone number may be added to your Therapy Appointment account. If we are on a phone session and your phone disconnects, I will call you back. If we cannot reconnect, contact me to schedule another session. If this happens as a result of my phone or phone service, and we are not able to reconnect, you will not be charged for the session.

If at any time you do not have internet access at your home or private location, you can contact me via e-mail at **kervins@lewisvillefamilycounseling.com** to help you locate internet service (if available) that will be appropriate for distance counseling. If no service is found, contact your counselor to schedule your next appointment.

Telehealth Technology Platforms Used:

Texting: Oh MD <https://www.ohmd.com/> Please only use texting for scheduling purposes.

Videoconference:

Regroup Connect <https://www.regrouppconnect.com>

C3Now (link coming soon)

You may, at any time during the course of your treatment, withdraw your authorization of teletherapy by contacting your counselor and advising them of your wish to discontinue teletherapy. By signing below, you acknowledge that you agree that you have read and understood this agreement form and agree to accept telehealth therapy.

Client Printed Name

Client Signature

Date

Parent/Legal Guardian Printed Name

Relationship to Client

Parent/Legal Guardian Signature

Date

Kervins Clement, LCMHCA, LCASA, NCC, CRT-IT, CFLE, M.Ed., Ed.S

Date