



TELEHEALTH (VIDEO/PHONE) COUNSELING AGREEMENT

CLIENT NAME _____

The purpose of this form is to obtain your consent to participate in tele-mental health, which involves counseling by HIPAA compliant audio/video or telephone.

Benefits include:

1. It's more convenient. It can decrease the time commitment of therapy since there is no travel time
2. I can see you even if you are unable to get to my office (ex. transportation issues), if you are home sick, or when you are home caring for an ill family member
3. I can see you when you travel within the state, or even when you move within the state
4. You can always choose to schedule a face-to-face session, when desired

Limitations/Risks include:

1. There is a greater chance of misunderstanding -- due to technology limits, I might not see some of your body language or hear subtle differences in your tone of voice that I could easily pick up if you were in my office. And you might not pick up mine.
2. If we meet in-person, I have more control of interruptions. With video, I can't control your setting.
3. Internet connections could cease working or become too unstable to use
4. The telehealth platform or our computers/smartphones can have sudden failure or run out of power
5. You may feel more emotional distance related to the lack of in-person contact and presence.
6. I cannot guarantee the privacy/confidentiality of conversations held via phone, as these can be intercepted accidentally or intentionally. I cannot guarantee that hackers will not access video calls.
7. I cannot immediately intervene in-person if you are in crisis.

Is it right for you?

Telehealth, for psychotherapy, is not a good fit for everyone, so prior to starting telehealth, we will discuss whether it is appropriate for you. If at any point you find the telehealth platform difficult to use or distracting you from our work, please let me know. You have the right to discontinue receiving telehealth counseling at any time, without consequence. I am always happy to discuss moving to phone or in-person sessions. Likewise, if at any point I do not feel telehealth is working for me or for your treatment, I may discontinue this treatment option.

Logistics

1. If we are connecting by video, you will need to go to [Doxy.me/RobleyYee](https://doxy.me/RobleyYee) to check in. This is my secure and HIPAA-compatible video platform. You don't need to set up an account of any kind in advance. It is OK to "arrive" early -- I will connect with you at the time of the session. If we are connecting by phone, I will call you at our scheduled time.
2. I will be in a private location where I am alone in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where others can hear you, I cannot be responsible for your confidentiality.
3. At the start of the session, I may verify your location (street address). This enables me to send help, if needed, and to verify that you are in-state. I can only provide therapy to you while you are in the state where I am licensed. If I do not ask, please be sure to tell me if you are not at your home.
4. Do not invite others to join us for any part of the session without discussing this with me in advance.
5. Please be sure to have a cell phone with you or be near a phone, in case video gets cut off.



You may have a better experience if you:

1. Use a computer or tablet instead of a cell phone so that you can see me better.
2. Make sure your device is fully charged.
3. Utilize Chrome or Firefox to connect to the video platform
4. Wear a two-ear headset with microphone (this can help us hear each other)
5. Close other applications or programs on your computer.
6. Make sure you have strong internet connection -- you may need to be near your modem.
7. Consider how you will reduce interruptions (ex. talking to family in advance about your need for privacy during that hour, using a "do not disturb" sign on your door, etc.)
8. Find a location where your face will be well-lit so I can see your facial expressions clearly.

Connection Loss:

- **For audio/video sessions:** If we lose our video connection during our session, please quit and restart your search engine (or computer), and sign in again to the video platform. If you can't reconnect, call my office number. If I do not hear from you within 5 minutes, I will call and email you. I will remain available during the time of our scheduled session, so we can reconnect and continue, if possible.
- **For phone sessions:** If we lose our phone connection during our session, I will call you again from my office phone or an alternate number, which may show up as restricted or blocked -- please be sure to pick up the phone. After 5 minutes if you have not heard from me, you may also attempt to call me at my office number (see first page). I will remain available during the time of our scheduled session, so we can reconnect and recontinue, if possible.
- **Billing for a disrupted session:** I will prorate the session for what time we talk

Best Phone Number to reach you if video or phone connection is lost: _____

Security

- I utilize video software and hardware tools that adhere to security best practices and legal standards for the purposes of protecting your privacy.
- It is not recommended that you communicate using a public wireless network.
- You represent that you are not using someone else's device or your employer's computer, since employers have the right to monitor their equipment and networks, which could compromise your privacy.
- You have the sole responsibility for security and privacy of your devices, equipment, and internet connection.

Recording of Sessions:

- No sessions will be recorded by me, and the telehealth platform I use states that there is no recording of the session, no information collected, and no digital record saved afterwards. Please note that recording or screenshots of any kind of any session are not permitted, and are grounds for termination of the client-therapist relationship.

Payment for Services:

Payments for services must be made the day of the session. I will charge your credit card on file on the session date. If you prefer not to use a credit card, you may pre-pay for sessions ahead of time by check or cash. If you have insurance and I am on your insurance provider list, I will bill insurance on your behalf, but you remain responsible for any portion they do not pay.

Session Cancellations:



Phone/video sessions are treated as in-office sessions when it comes to late cancellations and no-shows -- 48-hour advance notice is required, otherwise you will be charged the late cancellation/no show fee of \$75.00, except for cases of unforeseen medical emergency. Cancellations should be communicated via email and phone.

Emergencies and Confidentiality:

Since you will be at a distance, please list an emergency contact for you:

Full Name	Relationship	Phone Number(s)
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If you do not expect to be at home for sessions, please give the location you expect you will be:

Street Address _____

Emergency (continued):

If you are outside the area that I practice at the time of our session, I will identify emergency resources in your area and document that in your chart. If you are in crisis and we get disconnected, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433 if you cannot reach me.

Please share with me if you have severe feelings of helplessness, hopelessness, or wanting to hurt yourself or others. There are many steps I can take to help, even at a distance. However, if I have extreme concerns about your safety at any time during a phone session, we may need to have you come to the office, or I may need to call your support system or emergency services to keep you safe.

Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.

Consent to Participate in Telehealth Sessions

By signing below, you agree that you have read and understand all of the above. You give permission for me to communicate with your emergency contact if client is concerned about your safety. You agree that you have had the chance to ask questions, that you understand the limitations associated with participating in telehealth sessions and consent to attend sessions under the terms described in this document.

Signature of Patient/Guardian

Date

Name of Parent/Guardian (printed)

Relationship to patient: ☐ Self ☐ Parent ☐ Guardian ☐ Other