



MOTIVATE Counseling & Coaching

Joseph Murray LCSW PLLC

INFORMED CONSENT FOR TELEHEALTH SERVICES

This Informed Consent for Telehealth contains important information focusing on providing mental health care services using the internet or phone. Please read this carefully and communicate any questions. Signing this document represents an agreement between us.

Benefits and Risks of Telehealth

Telehealth refers to the provision of health services remotely, using telecommunications technologies such as video conferencing or telephone. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. Telehealth requires some technical competence by both parties, and although there are benefits of telehealth, there are some differences between in-person psychotherapy; as well as some risks including:

- **Risks to Confidentiality-** Because telehealth sessions take place outside of the clinician's private office, there is potential for unauthorized others to overhear communications. This may occur if you are not in a private place during the session. **It is important that you are in a private place for sessions where you will not be interrupted, where other people are not present, cannot overhear the conversation, and you can speak freely. Please do not attend sessions while driving, in a public area, or any other setting where you will be distracted. This will allow you to get the most out of your sessions.** In rare cases, there are reports of unauthorized access to private communications or stored data. All telehealth platforms utilized by this practice are HIPPA compliant and it is important for you to protect the privacy of our communications on any devices.
- **Crisis management and intervention.** Typically, I will *not* engage in telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telehealth, on this form we will identify the approach to any potential crisis situations that may arise during the course of our telehealth work.
- **Efficacy.** There are many ways that technology issues may impact telehealth. Most research indicates telehealth is similarly effective as in-person psychotherapy; however, clinicians working remotely may not be able to fully understand non-verbal information and it may not be indicated for assessing risk.

In addition, the efficacy of telehealth may be negatively impacted by faulty connection, insufficient bandwidth, or other service disruptions that cause video and audio delays or cause platforms to stop working during session.

Electronic Communications

Video telehealth will be utilized unless access to such devices is unavailable or a phone session if mutually agreed upon by client, clinician, and permissible by insurance or other third-party payer. There is no additional client cost to access any telehealth services this practice provides; however, the client is solely responsible for any cost to obtain necessary equipment, accessories, or software upgrades required to take part in said telehealth services.

Tips for Your Telehealth Session

- * Log into your account at <https://www.therapyportal.com/p/motivate/> to access telehealth sessions.
- * Be sure that you are using the most up-to-date version of your web browser (Chrome, Firefox, Safari, or Edge).
- * Connect to ethernet or a strong, private WiFi signal.
- * Consider using headphones so that you can avoid voice echo during your session.
- * You are **STRONGLY** encouraged to do any pre-call testing in preparation for your first appointment.

Confidentiality

Providers have a legal and ethical responsibility to make every effort to protect applicable client communications. Due to the nature of electronic communications technologies, the confidentiality of communications cannot be guaranteed. As stated, all communication platforms utilized by **MOTIVATE Counseling & Coaching** are HIPPA compliant and the practice is committed to protecting private information to the best of its ability.

Clients are responsible for taking reasonable steps to ensure the security of communications on their end (for example, using secure networks for telehealth sessions and using password-protected the devices for telehealth). The extent of confidentiality and exceptions to confidentiality defined in the **Limits of Confidentiality, Notice of Privacy Practices**, and cited in the **Policies and Procedures** still apply.

Emergencies and/or Technology Failure Issues

Risk and other emergencies may be more difficult to assess through telehealth. To mitigate, an emergency contact person will be identified (see below) should risk be identified while engaged in telehealth services. Please identify that person along with their contact information at the bottom of this form. The clinician will contact this individual to assist if such a crisis or emergency arises.

If the session is interrupted for any reason such as a faulty connection **and you are having a life-threatening emergency**, call 911 or go to your nearest emergency room. Contact this practice after you have called or obtained emergency services. If the session is interrupted and **you are not having an emergency**, disconnect from the session and reconnect. The clinician will make every to re-engage via the identified telehealth platform. If the telehealth session cannot be re-established, clinician will call by phone.

If the clinician assesses the client is at risk or poses a risk to others, mandated reporting laws apply as defined in the **Limits of Confidentiality** and cited in the **Policies and Procedures**.

Payment and Fees

The same fees, rates, and policies apply to telehealth services including but not limited to session rates, “no shows”, late cancelations, deductibles, and copays. You will be required to have a credit or debit card on file.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

Signature of Client (Or parent/legal guardian if applicable)

Date

Emergency Contact: _____
Name of Emergency Contact

Phone Number

Relationship to Client