



Telehealth Terms of Agreement

*The ongoing novel coronavirus (COVID-19) outbreak has positioned telehealth as a necessary innovation in the continuous, safe provision of health care. **The federal government has expanded telehealth services** in the face of COVID-19 as a tool to facilitate the recommended isolation and social distancing techniques that curtail the spread of the virus. Telehealth allows providers to meet clients where they are, eliminating direct contact while maintaining face-to-face communication, and boasts additional benefits such as maintaining regular sessions with clients who are away on travel or confined to their homes and allowing clients to undergo treatment in the location most comfortable to them.*

At times it is necessary to move to an online format for counseling session. **Please sign your initials** at each point in the event that telehealth/telephone sessions need to be held.

___ I understand that it is my responsibility to confirm with my insurance company to determine if telehealth sessions will be reimbursed. I understand I am responsible for full payment after each session.

___ I understand there are benefits and risks of video and telephone sessions (e.g. limits to patient HIPAA compliance) that differ from in-person sessions.

___ I understand that confidentiality still applies for telehealth/telephone services, and nobody will record the session without the permission from the others person(s).

___ I understand and agree to use the video-conferencing platform selected for virtual sessions, and the counselor will explain how to use it.

___ I understand that I need to use a webcam or smartphone during the session.

___ I understand that I need to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

___ I understand that it is important to use a secure internet connection rather than public/free Wi-Fi.

___ I understand that it is important to be on time. Cancellation fees still apply to telehealth sessions.

___ I understand that my counselor needs a back-up plan (e.g., phone number where I can be reached) to restart the session or to reschedule it, in the event of technical problems. I agree to creating this plan with my counselor.

___ I understand and agree to create a safety plan that includes at least one emergency contact and the closest emergency room to my location, in the event of a crisis situation.

___ MINORS ONLY: Permission has been granted by legal guardian and/or parent (and contact information has been provided) for minor to participate in telehealth/telephone sessions.

___ I understand that my counselor may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person. At such a time, I will move to in-person sessions.

SIGNATURE: _____

DATE: _____