



INFORMED CONSENT for Telehealth/TeleCounseling

Telehealth/Telecounseling refers to diagnosis, consultation, billing, client education, and professional education/training delivered via electronic technology. This allows clinicians at West Texas Counseling & Guidance to connect with clients using interactive video/audio data communication. One benefit is that the client and clinician can engage in services without physically being in the same location. This can be beneficial if the client moves to a different location or is unable to meet in person for appointments. It can also serve as an opportunity for treatment that may not be accessible for the client in their location.

Technology related Issues

I understand that I will need to download an application/software and ensure good broadband Internet connection or a smart phone device with solid cellular connection for these services. I am solely responsible for any cost to obtain necessary equipment, accessories, or software to take part in telecounseling services.

I understand that in the case of technology failure, I will attempt to re-establish connection with my therapist within my allotted appointment time. If I am unable to establish the connection, I will contact WTCG to reschedule my appointment or to coordinate alternative methods for treatment.

Risks to Confidentiality

I am expected to participate in my telecounseling sessions from a safe, confidential location that will ensure privacy and minimize noise/ distractions. I will provide my location at each session and announce any/all other individuals whom are present or within ear shot of sessions. I further understand that my sessions may be deemed inappropriate to continue by the therapist due to any distractions or issues with confidentiality that are present.

I understand the risks unique and specific to Telecounseling services, despite reasonable efforts by WTCG, which may include potential of therapy sessions and communication becoming distorted, disrupted by technology failures; or sessions becoming accessible to unauthorized persons.

Access to Services

I understand telecounseling services will not be provided to me if I am outside the State of Texas.

I understand scheduling appointments is based on my clinician's working business hours. Telecounseling appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. If I am in a state of emergency or crisis, I will contact WTCG to schedule a next available crisis appointment, if within business hours (M-F, 8a-5p). I have also been provided a copy of additional crisis contacts if WTCG is not accessible or is closed located in the *Explanation of Psychotherapy/Counseling Services*.

I understand that prior to discharge or termination of services for telecounseling, I will comply with a final telecounseling session with my therapist.

Fees

The same fee rates will apply for telecounseling as apply for in-person counseling sessions. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

Crisis Management Plan:

Furthermore, I understand if deemed necessary, my therapist may request a Welfare Check to be completed, contact local authorities and/or 911. Lastly, my therapist may also make recommendations for alternative treatment or refer me for a next available crisis appointment with WTCG staff.

I understand that in the event of an emergency/crisis, or if the therapist is unable to clearly determine factors to ensure my own safety or that of someone else in the middle of my session, my therapist has the right to contact the following individuals for additional assistance:

1) Personal Contact: _____

Phone Number(s): _____

2) Personal Contact: _____

Phone Number(s): _____

3) Professional Contact: _____

Phone Number(s): _____

I, _____, (name of client) consent to participate in telecounseling services at West Texas Counseling & Guidance and agree to the following policies. I have discussed the policies with my therapist and have had the opportunity to ask any questions I may have in regard to telecounseling services prior to participation.

Client Signature

DATE

Signature of WTCG Staff

DATE