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CONSENT FOR TELEHEALTH SERVICES

Telehealth is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a therapist and a client who are not in the same physical location. This may be regular sessions conducted solely online or sporadic online sessions that complement in person treatment. The interactive technology used in telehealth incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. The purpose of this form is to obtain my written consent to participate in telehealth, which involves counseling by phone, video, or secure online email portal.

Consent For Services:

By signing this form, I consent to engaging in telehealth as part of my treatment with Kim Shaffer, LCPC. I understand that telehealth includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of personal health information, and education using interactive audio, video, or data communications.

Rights with Respect to Telehealth:

1. I have the right to withhold or withdraw this consent at any time -period. However, if I do so, this may require you to provide referrals to other treatment providers, if face- to -face services are not an option based on geography and or circumstances.
2. The laws that protect the confidentiality of my personal health information also apply to telehealth, as do the limitations to that confidentiality discussed in the Consent for Services Agreement. I also understand the dissemination of any personally identifiable images or information from the telehealth interaction will not be shared without my written consent.

Benefits Of Telehealth Include:

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

Limitations/Risks of Telehealth Include:

1. There is a greater chance of misunderstanding -- due to technology limits. For example, you might not see some of my body language or hear subtle differences in my tone of voice that you could easily pick up on if I were in your office. Also, I might not pick up on the same.
2. If we meet in-person, you have more control of interruptions. With video, you can't control my 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. I may feel more emotional distance related to the lack of in-person contact and presence.
6. You cannot guarantee the privacy/confidentiality of conversations held via phone, as these can be intercepted accidentally or intentionally. You cannot guarantee that hackers will not access video calls.
7. You cannot immediately intervene in-person if I am in crisis.
8. Transmission of my personal health information could be disrupted or distorted by technical failures.
9. I understand that telehealth sessions are a new form of treatment, in an area not yet fully validated by research, and that they have potential risks, possibly including some that are not yet recognized.

Appropriateness for Telehealth Services

I understand that telehealth-based services may not be appropriate for everyone seeking therapy. I also understand that if you believe I would be better served by another form of therapeutic services, (e. g. face to face services) I will be referred to a practitioner who can provide such services in my area.

I will need access to, and familiarity with, the appropriate technology to participate in Telehealth services.

The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means or through postal delivery.

My therapist and I will regularly reassess the appropriateness of continuing to deliver services to me using the technologies I have agreed upon today and modify our plan as needed.

I acknowledge that diagnosis depends on information and treatment depends on diagnosis. If I withhold information, I assume the risk that a diagnosis might not be made one might be made incorrectly. If that were to happen, my treatment might be less successful than it otherwise would be, or it could fail entirely.

I understand that under the law and regardless of what form of communication used in working with my provider, she may be required to report to the authorities any information suggesting that I have engaged in behaviors that endanger others.

I understand that this form is signed in addition to the Consent for Services Agreement, and that all policies and procedures within the Consent for Services Agreement also apply to telehealth services.

Logistics

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

I may have a better experience if I:

1. Use a computer or tablet instead of a cell phone so that I can see you better.
2. Make sure my 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 my computer.
6. Make sure I have a strong internet connection – I may need to be near my modem.
7. Consider how I will reduce interruptions (ex. talking to family in advance about my need for privacy during that hour, using a "do not disturb" sign on my door, etc.)
8. Find a location where my face will be well-lit so you can see my facial expressions clearly.
9. Arrive on time. Notify therapist 24 hours in advance if I must cancel or re-schedule appointment.
10. Confirm with my insurance company that video and audio sessions will be reimbursed because I am responsible for full payment otherwise.

Connection Loss:

- **For Video Sessions:** If we lose our video connection during our session, I will quit and restart my search engine (or computer), and sign in again to the video platform via e-mail. If I can't reconnect, I will wait for you

to call me or call your office number (207-991-5818), If I do not hear from you within 5 minutes, I will call again and email you. I understand that you 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, you will call me again from your office phone or an alternate number, which may show up as restricted or blocked – I will be sure to pick up the phone. After 5 minutes if I have not heard from you, I will also attempt to call you at the office number. I will remain available during the time of our scheduled session, so we can reconnect and recontinue, if possible.
- **Billing for a Disrupted Session:** If the disconnection is due to your service or equipment, you will not charge me for the session or will prorate it for what time we talk. If the disconnection is due to my service or equipment, I will be charged in full for the session (not just a copayment).

Best Phone Number to reach you if video or phone connection is lost: 207-991-5818.

Security

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

Recording of Sessions:

- No sessions will be recorded by you, and the telehealth platform you use states that there is no recording of the session, no information collected, and no digital record saved afterwards. I understand 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 prior to our session or the day of the session. You will charge my credit card on file on the date of the session. If I prefer not to use a credit card, I may pre-pay for sessions ahead of time by check or cash. If I have insurance and you are on my insurance provider list, you will bill insurance on my behalf, but I 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 -- 24-hour advance notice is required, otherwise I will be charged the full session fee (not just a copayment), except for cases of unforeseen medical emergency. Cancellations should be communicated via email and phone.

Emergencies and Confidentiality:

Since I will be at a distance, I have listed an emergency contact below:

Full Name	Relationship	Phone Number(s)
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If I do not expect to be at home for sessions, the location I expect be located at is:

Street Address _____

Emergency:

If am outside the area of your practice at the time of our session, you will identify emergency resources in my area

and document that in my chart. If I am in crisis and we get disconnected, I agree to call 911, go to my local emergency room immediately or contact the National Suicide Hotline at 800-784-2433 if cannot reach you.

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

I understand that everything in the Informed Consent that I signed, including all the confidentiality exceptions, still applies during phone/video sessions.

Consent to Participate in Telehealth Sessions

By signing below, I agree that I have read and understand all the above. I give permission for Kim Shaffer, LCPC to communicate with my emergency contact person if she is concerned about my safety. I agree that I have had the opportunity to ask questions, that I understand the limitations associated with participating in telehealth sessions and consent to attend sessions under the terms described in this document.

Signature: _____

Printed Name: _____

Date: _____

Telehealth Agreement 4/19/2024