

# Sara Guy Counseling LLC



QUALITY CARE YOU CAN COUNT ON

## **SARA GUY COUNSELING LLC INFORMED CONSENT FOR TELEHEALTH**

This Informed Consent for Telehealth contains important information focusing on participating in counseling using the phone or the Internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

### **BENEFITS AND RISKS OF TELEHEALTH**

Telehealth refers to providing counseling 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. This can be helpful in ensuring continuity of care if the client or clinician becomes ill, inclement weather impacts safety traveling to the therapy office, client takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of Telehealth, there are some differences between in-person counseling and Telehealth, as well as some risks.

#### *Risks to Confidentiality*

Because Telehealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

#### *Issues Related to Technology*

There are many ways that technology issues might impact Telehealth. For example, technology may stop working during a session, due to a loss of internet connection, or other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies. Should a call drop, or video impact too much of session time, I will suggest a reschedule of the session at no additional cost to you as per my availability.

#### *Crisis Management and Intervention*

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Telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention can be administered. However, before a crisis arises, we will work to create a Crisis Action Plan (CAP) for you to follow in the event something occurs.

### Efficacy

Most research shows that Telehealth is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. Another thing to consider is the ability to stay focused while on a telehealth session. While some prefer this mode of support, it is not the best approach when managing goals in improving your quality of life. As your prospective provider, in the event I feel there is not enough progress or too many distractions, I will recommend we pause sessions until I am able to provide in person sessions at a secure location.

## **ELECTRONIC COMMUNICATIONS**

I offer two different platforms for electronic communications at this time. However, you may have to have a certain computer or cell phone system to use certain Telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in Telehealth.

## **CONFIDENTIALITY**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our Telehealth. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for Telehealth sessions and having passwords to protect the device you use for Telehealth). The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent still apply in Telehealth. Please let me know if you have any questions about exceptions to confidentiality.

## **EMERGENCIES AND TECHNOLOGY**

Assessing and evaluating threats and other emergencies can be more difficult when conducting Telehealth than in traditional in-person therapy. To address some of these difficulties, I ask clients to list an emergency contact before engaging in Telehealth services. I want you to list a

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person (Name, phone, relationship) who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Note: I require that you sign a separate Release of Information (ROI) Form allowing me to contact your emergency contact person ONLY as needed during such a crisis or emergency. No other information will be shared with this person.

## **INTERRUPTIONS DURING A SESSION**

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 988 or 911, or go to your nearest emergency room. Call me back 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 I will wait two (2) minutes and then re-contact you via the Telehealth platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you: 623-910-8492.

## **FEES**

The same fee rates will apply for Telehealth as apply for in-person counseling. Please see my rates on my website at [www.saraguycounseling.net](http://www.saraguycounseling.net) for more details.

## **RECORDING**

The Telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies. Washington recording law stipulates that it is a **two-party consent** state. In Washington, it is a criminal offense to use any device to record communications, whether they are wire, oral or electronic, without the consent of everyone taking part in the conversation. For more information please review **RCW 9.73.030**.

## **INFORMED CONSENT**

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This agreement is intended as a supplement to the general informed consent that we agreed to at the onset 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.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_