

CLIENT NAME _____

TELEHEALTH (VIDEO/PHONE) COUNSELING AGREEMENT

The purpose of this form is to obtain your consent to participate in telemental health, which involves counseling by phone, or video.

Benefits include:

1. Convenience, since there is no travel time
2. I can see you even if you are unable to get to my office, or when you are sick
3. I can see you when you travel within the state, or even when you move within the state
4. There may be more flexibility in scheduling

Limitations/Risks include:

1. There is a greater chance of misunderstanding -- we might not see each other's body language or hear subtle differences in voice tone that could easily be picked up in person
2. If we meet in-person, I have more control of interruptions. With video, I can't control your setting.
3. Internet connections could cease working or become too unstable to use
4. You may feel more emotional distance due to the lack of in-person contact and presence.
5. I cannot guarantee the privacy/confidentiality of conversations held via phone, as these can be intercepted accidentally or intentionally. I cannot guarantee that hackers will not access video calls.
6. *I cannot immediately intervene if you are in crisis.*

Is it right for you? Telemental health is not a good fit for everyone. If at any point you find the telehealth platform difficult or distracting to use, please let me know. You have the right to discontinue receiving telehealth counseling at any time, without consequence. I am always happy to discuss moving to phone sessions. Likewise, if at any point I do not feel telehealth is working for me or for your treatment, I may discontinue this treatment option.

Logistics

1. If we are connecting by video, I will send you an email invitation to join the session via Google Meet, which is a HIPAA-compatible platform. If we are connecting by phone, you can call me at our scheduled time. My cell is (425) 647-7647 or my dedicated landline is (949) 709-2754. If I do not answer, try again in five minutes or send me an email.
2. I will be in a private location where I am alone. You are responsible for your confidentiality on your end, and need to be in a private location where you can speak openly without being overheard by others.
3. At the start of the session, I may verify your location (street address). I can only provide therapy to you while you are in the state where I am licensed. If I do not ask, please be sure to tell me if you are not at your home.
4. Do not invite others to join us for any part of the session without discussing this with me in advance.
5. Please be sure to have a cell phone with you or be near a phone in case video gets cut off.

You may have a better experience if you:

1. Make sure your device is connected to power, or at least fully charged.
2. Close other applications or programs on your computer.
3. Make sure you have strong internet connection -- you may need to be near your modem.
4. Consider how you will reduce interruptions (ex. talking to family in advance about your need for privacy during that hour, using a "do not disturb" sign on your door, etc.)
5. Find a location where your face will be well-lit so I can see your facial expressions clearly.

Connection Loss:

1. **For video sessions:** If we lose our connection during our session, please wait. If necessary I will send a new invitation for the session.
2. **For phone sessions:** If we lose our connection during our session you may call me again. After 5 minutes if I have not heard from you, I will attempt to reach you. (*continued*)

Security

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

Recording of Sessions:

- No sessions will be recorded by me, and the telehealth platform I use states that there is no recording of the session, no information collected, and no digital record saved afterwards. Please note 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 *the day of the session* via Zelle to katherine@yostphd.com.

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 preferred, otherwise you will be charged \$100, except for cases of unforeseen emergency. Cancellations should be communicated via email and phone.

Emergencies and Confidentiality: Since you will be at a distance, please list an emergency contact for you:

Full Name	Relationship	Phone Number(s)
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If you do not expect to be at home for sessions, please give the location you expect you will be:

Street Address _____

If you are in crisis and we get disconnected call **911**, or go to your local emergency room if you cannot reach me.

Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions. By signing below, you agree that you have read and understand all of the above. You give permission for me to communicate with your emergency contact if there is concern about your safety. You agree that you have had the chance to ask questions, that you 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: _____

Best Phone Number to reach you if video or phone connection is lost: _____