



INFORMED CONSENT FOR TELEHEALTH SERVICES
GRACE IN MOTION COUNSELING

Telehealth services enable clients to receive care during the COVID-19 pandemic and for other remote counseling needs. The purpose of this form is to inform you of your rights and responsibilities in receiving Telehealth services and obtain your consent and agreement to participate in Telehealth sessions with the following providers, as outlined in this document.

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This Informed Consent for Telehealth contains important information which focuses on how Grace in Motion Counseling provides healthcare services using the phone, our Client Therapy Portal and/or via the internet. Please read this consent carefully, and let us know if you have any questions.

Signing this document represents an agreement between you and your provider.

Nature of Telehealth Consultation

During telehealth sessions, details of you and/or your child's medical/mental health history, will be discussed using a HIPAA compliant interactive video platform, audio and/or telecommunications technology.

Benefits & 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 particularly during the Coronavirus (COVID-19) pandemic, times of emergency or sickness/exposure, transportation difficulty, extreme weather, or accessing remote locations in Alaska. Our clinicians offer telehealth sessions, in lieu of, in person sessions to ensure continuity of care when the client and clinician are in different locations or are otherwise unable to continue to meet in person. Telehealth is intended to be temporarily utilized until in person sessions can resume. Although our clinicians prefer in person interactions; we also recognize telehealth can be more convenient, take less time, maybe more appropriate in some situations, or may be the only viable option in some cases.

During your first telehealth session, your counselor will assess and collaborate with you on whether telehealth is appropriate for your needs. Occasionally, there may be needs that go beyond what can be provided via telehealth, and may warrant ongoing, in-person counseling. The time-limited nature of telehealth services will be discussed with you during your first session and if needed, referrals and/or resources for more long-term stabilization will be provided.

Telehealth, however, requires technical setup, consistent wifi signal and prior set up to be helpful. Although there are benefits of telehealth, there are some differences between in-person treatment and telehealth, as well as some risks. Some considerations follow:

Risks to Confidentiality: As telehealth sessions take place outside of our counseling offices, there is potential for other people to overhear sessions if you are not in a private place during the session. On our end, we take precise and ethical steps to ensure your privacy. However, during a telehealth session, 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. Please participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Distractions: To increase the effectiveness of the therapy session, please retain a distraction free environment. Please secure a quiet place, without other people or external noises.

Issues related to technology: There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies. Some devices may require prior setup or updating.

Crisis management and intervention: In crisis, emergent and highly urgent situations, we prefer in person appointments. We will not engage in telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention.



Electronic Communications

Telehealth sessions may require certain computer or cell phone systems to access. You are solely responsible for accessing devices or resources to obtain any necessary equipment, accessories, or software to take part in telehealth. If there are difficulties with connection or internet service you will receive a phone call from our office. Please answer the call even if the number seems unfamiliar or is flagged as unknown.

If the session is interrupted and you are not having an emergency, disconnect from the session and we will wait two (2) minutes and then re-connect you via the telehealth platform on which we agreed to conduct treatment. If I do not connect via the telehealth platform within two (2) minutes, then call us back on the office phone at 907-452-4673.

Confidentiality & Risks

The extent of confidentiality and the exceptions to confidentiality are outlined in our *Informed Consent* and *Notice of Privacy Practices* and still apply in telehealth. Please let us know if you have any questions about exceptions to confidentiality.

Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with our offering of telehealth sessions. All existing confidentiality protections under Federal and Alaska State Law apply to information disclosed during telehealth sessions. The nature of electronic communications technologies, however, is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We use our Client Therapy Portal, 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. For example, only using secure networks for telehealth sessions and having passwords to protect the devices you use for your telehealth sessions.

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. 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. I understand that there are risks and consequences from telehealth. These include, but are not limited to, the possibility, despite reasonable efforts on the part of the counselor, that the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; the electronic storage of my personal information could be accessed by unauthorized persons.

Appropriateness of Telehealth

Risks and Concerns. Telehealth sessions will be like a routine office visit, except interactive video technology will allow you to communicate with a counselor at a distance. The use of video technology to deliver healthcare is a new technology and may not be equivalent to direct client to counselor contact. The counseling session will remain at 50 minutes, regardless of technical difficulties that may arise. Please give yourself at least 15 mins of time to follow the Client Therapy Portal instructions that will be emailed to you, before your appointment begins, so your session can start promptly.

We will let you know if Telehealth is not the most appropriate form of treatment for you. If you decide Telehealth is not optimal for you, it is important to let us know as well.

Emergencies & Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person treatment. I understand that in the event of a technology failure during a video session, immediate steps will be taken by my counselor to reconnect. Contact via telephone is the first backup step to failed video reconnection. The counselor will attempt to use the phone three times to contact me through the remaining session time. I will also attempt to call my counselor via phone by calling the Grace in Motion Counseling office at (907) 452-4673. If technological issues interrupt a session during which I am experiencing a crisis, I understand that if my counselor cannot reconnect with me within three attempted phone calls, they may ask a trusted person that we have pre-identified to do a welfare check on me. If we have not yet identified a person I trust to do that welfare check, I understand my counselor may ask the Fairbanks City Police to conduct a welfare check.

By signing this form, you acknowledge the following statements regarding emergency situations:

I understand that, in the event of an emotional emergency and I cannot reach my counselor, I can take the following steps to seek immediate care:

Call 911 or go to the nearest emergency room - Fairbanks Memorial Hospital 907-452-8181

Contact the Careline Crisis Intervention Center: Phone 877-266-4357; Text "4help" to 839863

Contact the National Suicide Prevention Lifeline: 1-800-273-8255 or Webchat: <https://suicidepreventionlifeline.org/chat/>



If the session is interrupted for any reason, such as technological connection failure, and you are having an emergency, do not call us back; instead, call 9-1-1, *The Crisis Carline 1-877-266-4357*, or go to your nearest emergency room. Call our office back after you have called or obtained emergency services to provide an update for your therapist.

Financial Agreement

This telehealth session will be billed to your insurance company or is payable with a credit card over the phone. The same fee rates will apply for telehealth as apply for in-person therapy. Some insurers are waiving co-pays during this time. It is important that you contact your insurer to determine if there are applicable co-pays or fees for which you are responsible. 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 therapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telehealth sessions in order to determine whether these sessions will be covered.

If technological difficulties arise and we are unable to resume the connection via video, we will complete the session via phone.

Session Recording

Telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. We maintain a record of our session in the same way as in-person sessions.

Medical Information and Records

All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

Rights

You may withhold or withdraw consent to the telehealth session at any time without affecting your right of future care.

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. If consent is withheld or withdrawn, or if there are other circumstances that may prevent onsite meetings, I will be referred to a local mental health provider.

Telehealth Informed Consent & Agreement

I have been advised of all the potential risks, concerns and benefits of telehealth. I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with my counselor and all of my questions have been answered to my satisfaction.

This agreement is intended as a supplement to the Informed Consent that we agreed to at the initiation of our clinical work together and does not amend any of the terms of that agreement.

By signing this document, I agree that certain situations including emergencies and crises may be inappropriate for video/computer/telephone-based counseling services. By engaging in telehealth services, I agree to actively collaborate with my counselor to develop a safety plan. I agree to cooperate with this plan in the event of a mental health emergency or crisis.

Your signature below indicates agreement with its terms and conditions, for yourself and/or on behalf of your minor child specified in the intake.

Print name of Parent/Guardian, if client is a minor: _____

Print Client Name: _____

Signature : _____

Date: _____