



Grace in Motion Counseling

3504 Industrial Ave Suite 214, Fairbanks AK 99701

March 16, 2020

To our valued Grace in Motion Clients,

Considering the nationwide COVID-19 (Coronavirus) outbreak, we would like to temporarily modify our current counselling practices. We take the well-being of both our clients and providers very seriously. At this time our office will remain open but are making available telehealth to minimize the risk of exposure to our clients and providers.

Currently our options are to use video or phone counselling to practice social distancing. We have chosen Zoom, as our HIPPA compliant platform for video conferencing. *Before coming to the office*, we would appreciate you notifying us if any of the below statements apply to you.

1. Have you recently had symptoms of fever, cough, breathing issue?
2. Have you had any contact with someone who has been diagnosed with Covid-19?
3. Have you recently travelled in any known identified high risk areas?

If the answer is yes to any of these questions, we request that you do not come to our office, but instead utilize our telehealth services. *Please let our office know as soon as possible if this applies to you.*

Please review, sign and return our required *Informed Consent for Telehealth Services* form to our office.

Thank you for your cooperation with us and we do appreciate your flexibility as we move forward in this process.

We are all in this together, and we will get through it together!

Stay safe,

The Grace in Motion Staff



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Informed Consent for Telehealth Services

The purpose of this form is to obtain your consent to participate in a telehealth consultation with the following providers:

Paige Metzgar LPC

Damaris Bronson MEd intern

Stacie Braband UAF intern

1) Purpose and Benefits. The purpose of this consent is to use telehealth to enable patients to receive care during the COVID-19 pandemic.

2) Nature of Telehealth Consultation. During the telehealth consultation, details of you and/or your child's medical/mental health history, will be discussed using HIPAA compliant interactive video, audio and telecommunications technology.

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

4) Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth consultation. All existing confidentiality protections under federal and Alaska state law apply to information disclosed during this telehealth consultation.

5) Risks and Concerns. The telehealth consultation 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 patient 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 Zoom instructions that will be emailed to you, before your appointment begins, if you are unfamiliar with Zoom. Please secure a quiet place, without distractions or external noises. If there are difficulties with connection or service you will receive a phone call, possibly from an unknown number, and it will be your counselor. Please answer the call even if the number seems unfamiliar.

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

7) Financial Agreement. This telehealth consultation will be billed to your insurance company or is payable with a credit card over the phone.

I have been advised of all the potential risks, concerns and benefits of telehealth. I have had an opportunity to ask questions about this information and all my questions have been answered. I understand the written information provided above.

Signature: _____

Date: _____

Name of Client: _____

Name of person authorized to give consent: _____ Relationship: _____

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