

Informed Consent for Telehealth Services

Watershed Counseling Associates

Client Name (Print)

Therapist Name

Phone Number

Email Address

Location/Address During Virtual Appointment

*Emergency Contact Name
Number*

Emergency Contact Phone

Relationship to You

Definition of Telehealth

Telehealth involves the use of electronic communication to enable Watershed Counseling Associates (WCA) clinicians to connect with individuals using live interactive video and audio communications. It does not include therapeutic services via email or text. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. Copy of our "Office Policies" and "Therapeutic Informed Consent" can be provided upon request.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but 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, and/or the electronic storage of my personal information could be unintentionally

lost or accessed by unauthorized persons. WCA utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth..

4. Watershed clinicians follow the State of Mississippi regulations for telehealth as well as their respective board regulations and ethics.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Limitations of Distance Counseling

Distance counseling should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.

By signing this document you agree that you understand that distance counseling:

- may lack visual and/or audio cues, which may cause misunderstanding.
- may have disruptions in the service and quality of the technology used.
- may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

Video Conferencing

All video conferencing correspondences will be done through doxy.me which is encrypted and HIPAA compliant. With the use of technology it is important to be aware that family, friends, co-workers, employers, and hackers may gain access to any technology, devices, or applications that you use.

WCA encourages you to only communicate through a computer or device that you know is safe and to follow the safety measures detailed on the “How-Tos and FAQs” document sent to you via email. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology you use.

Emergency Management for Distance Counseling

So that your therapist is able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You, the client, will inform your therapist of your location during your sessions and will inform your therapist if this location changes.

- You, the client, will identify on this form a person whom your therapist is allowed to contact in the case that your therapist believes you are at risk.
- Depending on your therapist's assessment of your risk, you or your therapist may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and, if your therapist deems necessary, to call 911 and/or to transport you to a hospital. In addition, your therapist may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment. This may mean disposing of all firearms and excess medication from your location.

Backup Plan in Case of Technology Failure

The most reliable backup is a phone. Therefore, we recommend that you always have a phone available and that your therapist knows your phone number.

If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes, your therapist will call you on the number you provide at the top of this form (unless you request otherwise). If you do not hear from your therapist within 10 minutes, call the Watershed office, 601-362-7020.

If you are on a phone session and your phone disconnects, wait for your therapist to call you on the number you provide at the top of this form (unless you request otherwise). If you do not hear from your therapist within 10 minutes, call the Watershed Office, 601-362-7020.

Payment for Telehealth Services

Payment is due at the time services are rendered. No-Show and Late Cancellation Fees apply.

Insurance

Watershed Counseling Associates, PLLC will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard co-pay, co-insurance, and/or deductibles apply.

Self-Pay

In the event that insurance does not cover telehealth or if you do not wish to utilize insurance, you may pay for your session at our normal self-pay rates. If we are considered out-of-network to your insurance carrier, we can provide you with a statement of service to submit to your insurance company.

Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Client Name

Client Signature / Date