

INFORMED CONSENT ADDENDUM FOR TELEPHONE/TELEHEALTH

Notice

This form is to be used as an addendum, in conjunction with the Informed Consent (Professional Disclosure Statement) supplied to each client by their individual counselor at the outset of therapy, and it does not replace that form. All of the conditions and terms of the Informed Consent or Professional Disclosure Statement forms, including limits to confidentiality, still apply to telephone/telehealth counseling sessions.

Definition

Telemental healthcare includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making through the use of internet-based videoconferencing. Telehealth psychotherapy may include psychological health care delivery, consultation, coaching, and/or counseling. Telehealth psychotherapy will occur primarily through interactive audio, video, and telephone communications.

Potential Risks

1. Technology failure, such as unclear video or audio signal or disruption of video or audio signal.
2. Non-verbal cues are limited for both the therapist and the client
3. Less control over confidentiality
4. Lack of immediate emergency services

Potential Benefits

1. Fewer geographic limitations
2. Decrease in travel time
3. Participation in therapy from a comfortable environment of your choosing.

Exclusions

1. Telehealth/telephone session by therapists at A New Day can only occur with current residents of the state of Oregon, or residents of another state who are in Oregon at the time of the therapy session.
2. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, an appropriate referral will be made.
3. If you are unwilling or unable to meet the expectations for telephone/telehealth therapy, this may be a cause for exclusion, in which case your therapist will work with you to make other arrangements for face-to-face sessions, or a referral to another provider.

Requirements

1. For Telephone or Telehealth sessions:
 - a. The client must be in an environment that is comfortable and free of distractions and other persons.
 - b. The presence of any individual who is not approved by both parties and not part of the treatment plan will be cause for termination of the session.
 - c. The client must disclose their location and give a physical address at the beginning of each session. Unknown locations will be a cause for termination of the session.
 - d. The client must disclose an emergency contact as well as contact information for the client's local emergency services in case of emergency. This information will be kept on file.
2. For video sessions
 - a. The client must have an operational web camera (HD is recommended), as well as an internet connection that can sustain a video call, and a screen to be able to view the video call.
 - b. The client must dress in environmentally appropriate attire to an in-office visit.
 - c. The client will provide a phone number where they can be reached in the event of a service disruption.

Emergency Protocol

Client is to provide the name and contact information for an additional person in case of emergency. In addition, in the event of a medical or mental crisis event, the counselor will contact the client’s local emergency services. The contact information for the client’s nearest hospital will be on record in the event an admission is necessary to address a client emergency. The information provided will include the nature of the crisis and immediate needs of the client.

Technical Difficulties

Should technical difficulties cause session disruption, the counselor will contact the client via preferred telephone contact. If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session.

Payment and Billing

Session costs and other payment details are outlined in the Professional Disclosure Statement. Payment can be made in the following ways:

- 1) Call our office at 503-517-1895 to pay by credit card
- 2) Send a personal check made out to A New Day Counseling
- 3) Set up a payment through your online bill pay system

In the event of technical difficulties causing premature termination of a session, time will be billed at a pro-rated fee. No-show and late-cancellation fees will still apply.

Voluntary Participation

Participation in telephone/telehealth counseling is a voluntary choice. The client can choose to discontinue this service or request a referral to another source of support at any time.

Consent to Treatment

I, _____ voluntarily, agree to receive telephone/telehealth assessment, care,
(Printed name of client)
treatment, or services and authorize A New Day Counseling Center to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through A New Day at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Date

Client Signature

Counselor Signature

Client Signature

Emergency Contact Name and Phone Number

Nearest Hospital Name, Address, and Phone Number
