ALL THINGS POSSIBLE WELLNESS CENTER, PLLC

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Distance Counseling Informed Consent Form

(For clients who wish to engage in distance counseling visual telecommunications)

Distance counseling, also called telemental health, telepsychology, or online therapy, is defined as counseling using electronic, telephone or visual telecommunications.

Distance Counseling Options Offered & Client Privacy: I,_____(client name), understand that ATPWC currently offers distance counseling via visual telecommunication. ATPWC offers visual telecommunication through HIPAA and HITECH protected web spaces (Doxy, Google Meet, Therapy Notes Portal).

Technology Failure: I,_____(client name), do understand that in the event of a technology failure during a visual telecommunication session, immediate steps will be taken by the therapist to reconnect. Contact via phone is the first backup step to failed visual telecommunication reconnection. The therapist will repeatedly attempt to use these methods to contact me through the remaining session time (and I will do the same, as well). If necessary, snail mail is a backup to visual, phone or email failure. I, the client, will confirm receipt of successful contact. The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate.

Limits of Confidentiality: I,_____(client name), acknowledge that our distance counseling will follow the same confidentiality guidelines as agreed upon in the ATPWC Informed Consent in my chart that I have previously agreed upon and signed. My ATPWC therapist will provide the access for me to connect with them in a HIPAA and HITECH protected web space as described above. My therapist will be providing the counseling from a secure room/space with all of the privacy afforded as if I was in the office with them. It is very important to note that my ATPWC therapist cannot ensure that where I am is confidential/private. It is up to me to find a private room/space for our sessions to ensure that our time together is confidential for distance counseling. By engaging in distance counseling, I am taking a greater risk in finding a space in my home that is confidential for counseling.

Crisis Situations: I,_____(client name), agree that with distance counseling my therapist may have the local police department do a wellness check or call 911 for an ambulance if I am in crisis and it is deemed necessary during our distance counseling session. This will be discussed with me by my therapist should the need arise.

By signing below, I agree to the following:

- I have had ample opportunity to ask questions and receive clarification about these options and this policy.
- I will comply with the above plans set up to address the potential risks of distancing counseling and discuss any aspects that require my participation in the planning.
- I understand that I have the option to choose which telecommunication as an option.
- I have "opted in" for the electronic technology that is acceptable to me at this time.
- I understand that I have the option to change my mind about any of these choices and I will do so in writing.
- I do recognize the potential risk of compromise to my confidentiality by using visual telecommunication.
- I wish to proceed knowing these risks

_____ _____

Client Printed Name Date

_____ _____

Client (or Parent/Guardian Signature if minor) Witness Signature