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Telehealth Informed Consent Form

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This purpose of this consent form is to inform you about the aspects of telehealth mental health services. Telehealth will occur primarily through online audio, online video, telephone, and/or other communications. Please read this entire document and sign.

1) **Misunderstandings**

You should be aware that misunderstandings are possible with telehealth because non-verbal cues are relatively lacking. Even with video chat, misunderstandings may occur due to connection problems or other unforeseen issues. If you have never engaged in telehealth therapy before, please have patience with this process and clarify with your therapist any misunderstandings. Also, please be patient if your therapist asks for periodic clarification.

2) **Communication and Crisis**

Online communication happens either asynchronously or synchronously. Using asynchronous communication is not in "real time" such as email or text messaging. Synchronous happens in "real time" meaning live. Your therapist will make every effort to respond to asynchronous communication during their business hours and within two business days or less. Your therapist might not immediately receive a telehealth communication from you, or there might be internet connectivity issues preventing you from connecting with your therapist. If you are in a crisis or emergency, your therapist recommends contacting 911 or a crisis line:

- Local Crisis Line at 1-888-910-0416 (crisis chat at www.imhurting.org)
- Statewide Crisis Connections 1-866-427-4747
- for Teens call 1-866-TEENLINK (833-6546) to talk by phone from 6-10 p.m. nightly (text from 6-9:30 p.m. nightly)
- Disaster Distress Helpline 1-800-985-5990 (text TalkWithUs to 66746)

3) **Potential risks**

There are potential risks related to telehealth services including but not limited to:

- a) Transmission of your personal information could be disrupted or distorted by technical failures and/or the transmission of your personal information could be interrupted by unauthorized persons.
- b) Confidentiality could be breached by your Internet Service Provider or others who have authorized or unauthorized access to your account or computer.
- c) Clients accessing the internet over public Wi-Fi networks can be snooped on or hacked, giving others the ability to read your screen or hear you talk.
- d) Messages could fail to be received if they are sent to the wrong address or they are just not noticed by your therapist.

4) **Potential benefits**

There are potential benefits from telehealth services including but not limited to:

- a) Providing services online for the convenience of clients anywhere or in the event of a disaster.
- b) With text/email you have time to compose a response any time you want and automatically having a record of communication to refer to.
- c) Feeling less inhibited than in person.

5) **Safeguards**

Your therapist has selected to use VSee or Doxy.me for chat and video communication, both of which are secure and confidential. You will be required to download VSee and then click the invitation link your therapist emailed you to join the chat. Alternatively, Doxy.me can be used by following a personalized link your therapist will send you and it can be used in most popular browsers (make sure browser is up to date). Your PHI is encrypted and stored on a secure server in compliance with HIPAA regulations. You are responsible for creating and using additional safeguards for your computer, such as creating strong passwords to use the computer/electronic device, keeping your email and chat login and password secret, and maintaining security of your wireless internet access points (i.e., requiring a password to access your Wi-Fi). Please discuss any additional concerns with your therapist to develop strategies to limit risk.

6) **Face-to-face therapy**

Telehealth therapy may not be appropriate for some types of clients including those who have numerous concerns over the risks of online therapy, clients with active suicidal or homicidal thoughts, and clients who are experiencing active manic/psychotic symptoms. Please feel free to speak with your therapist about doing face-to-face therapy instead of telehealth.

7) **Payments and insurance**

You are responsible for calling your insurance provider to confirm they will pay for mental/behavioral telehealth services. You are responsible for checking your benefits. If your insurance does not cover telehealth, you will be responsible for those fees. All payments will be processed through our practice management vendor Office Ally by credit card.

8) By signing this consent form, you agree you have read this form and your therapist has answered any questions you have about using telehealth for mental health treatment. Signing this form shows an awareness of the potential risks and benefits and the decision by you to use these systems for telehealth services.

Client Name

Email to send invite

Signature of client/parent/guardian

Date

Printed name of client/parent/guardian

Relationship (if applicable)