



## **COUNSELING POLICIES – VIDEO CONFERENCING ADD ON**

This document is an addition to the Counseling Policies and does not replace anything in that statement.

Using real-time videoconferencing (VC) services transmitted via the Internet is a relatively new practice for mental health treatment and standard practices are still being determined. Practice guidelines may change at any time and could impact treatment. Each State has its own licensing and practice requirements for therapists. Jurisdictional Licensure requirements are tied to the physical location where a patient is receiving care. Requests for treatment outside of Texas may not be possible. Some states may grant temporary permission, and this may be required before treatment begins.

### **PRIVACY AND SECURITY**

**Limitations:** By consenting to treatment you understand that there might be some limitations to privacy compared to face-to-face therapy in a private office due to the technology. **Software:** We are using a system called **securevideo.com** that meets HIPAA standards of encryption and privacy protection. You will have to install an application on your device with this service. I will email a link to the service prior to each session. **Location:** It is necessary that you be in a private space with as few distractions as possible. For minors, a parent or caretaker must be on the premises/site and available. If anyone is present, enters the patient or therapist's room/space, or is able to overhear then both parties should be made aware of this immediately. **Recording:** VCs may not be recorded without consent of your therapist. If it is determined that recordings are being made without consent treatment may be terminated. Your therapist will not record the session without your consent. We do keep written documentation of therapy as required by our licensing guidelines. **Passwords:** Your therapist has taken steps to secure information on mobile and computing devices. Passwords are required for access. After brief periods of inactivity re-authentication is required on all devices. It is possible to remotely disable and wipe these devices in case of loss or theft.

**TECHNOLOGY Setup:** You understand you are responsible for setting up the VC software at your site, maintaining the appropriate computer settings, and establishing a private space. If you are not able to set this up, then we cannot provide treatment in this manner. If your access to the Internet is dial-up, unreliable or public (ex. Library or School computer) VC is not recommended. You are responsible to ensure your computer has the latest security patches and up-to-date security software. Please test the VC software prior to the session to determine if your system meets the necessary hardware requirements. Wired connections are preferable to wireless. You understand that possible security breaches may happen that are out of our control. **Quality:** It is important to maximize clarity and visibility of the person at the other end of the video service. Please make sure lighting is adequate, the camera is stable, and your face is fully visible. **Interruptions:** On occasion it is possible that video or



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audio transmission may be interrupted. Usually, contact can be quickly reestablished, but it is important you understand the possible inconvenience. In the course of treatment dialog and emotions can be intense and it may be during this that an interruption occurs. If VC is not available your therapist will call you at a phone number, you provide to troubleshoot and/or finish the session. Your therapist may call via a personal mobile device. Please do not use this number for therapeutic communication outside of a scheduled appointment. Appropriateness: The appropriateness of VC is an ongoing assessment. If the clinician determines VC is no longer appropriate services may be discontinued. Clinical Risks: You understand that possible risks may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent.

MY SIGNATURE INDICATES THAT I UNDERSTAND AND AGREE TO ALL THE TERMS AND CONDITIONS REQUIRED FOR VIDEO CONFERENCING.

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Printed Client Name or Legally Responsible Person

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Signature of Client or Legally Responsible Person

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Date