



Telehealth Informed Consent Form

I _____, consent to engaging in telehealth with Linda Najjar, Ph.D./ Inner Wisdom Counseling, L.L.C. as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur primarily through synchronous interactive audio, video, telephone, and/or other audio/video communications. She has chosen a video-therapy tool (www.doxy.me/innerwisdomcounseling) that has been approved by the American Psychological Association because it is encrypted and HIPPA compliant. There is no additional fee, you do not need to set up an account, you only need to enter your first name, it is never recorded, and the video is automatically deleted when the session is ended.

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

- 1) I have the right to withhold or remove consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
- 2) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to using health insurance, reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 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 Dr. Linda Najjar/ Inner Wisdom Counseling, LLC., that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.
- 4) In addition, I understand that telehealth-based services and care may not be as complete as in-person services. I understand that if my therapist believes I would be bettered served by other interventions I will be open to referrals for other services. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.

- 5) I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of phone, Doxy.me, Skype, Facetime, and other audio/video systems are not 100% secure and may have issues with Wi-Fi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision to use these systems for telehealth services. I will not hold Dr. Linda Najjar/ Inner Wisdom Counseling, LLC. liable for gathering or use of client information by these service providers.

- 6) I agree to use my typical means of communication between sessions with Dr. Linda Najjar. I will call or text her office phone (505) 306-4144 to schedule or cancel sessions and will call if I need to reach her for urgent matters. I understand that the same late cancellation/ no show policy is still applicable just as it would be for an in-person visit. If you need to cancel your appointment or change your appointment time, please contact Dr. Linda Najjar as soon as possible and no later than 24 hours ahead of time to avoid a late cancellation or “no show” fee of \$75.

- 7) I understand that the same financial terms will apply. Dr. Linda Najjar expects insurance companies to follow guidance and reimburse the same amount for telemedicine services. So far, every insurance panel that she works with has made a statement of approval for telehealth services. If they do not, Dr. Linda Najjar will work with me and the insurance companies to obtain payment. However, I also agree that if for any reason my insurance carrier deems me ineligible for services or does not pay for services, I am responsible for full payment. If that happens, Dr. Linda Najjar will work with me to reduce the cost if possible and create a payment plan.

- 8) I understand I have the right to access my personal information. I have read and understand the information provided above. I have discussed all of my concerns with Dr. Linda Najjar, and all of my questions regarding the above matters have been answered to my approval.

- 9) I understand that the same emergency procedures apply. I agree to call Dr. Linda Najjar at (505) 306-4144 in between sessions if needed to inform her if I am having thoughts of suicide, or of harming myself or someone else. I will specify that it is an emergency. Keep in mind that 24-hour crisis service is not provided by Dr. Linda Najjar. She will make every intention to return your call as soon as possible, however, may not be able to do so until the next business day. If an emergency situation arises and Dr. Linda Najjar is unavailable, please call 911 or go to the nearest emergency room. You may also call UNM Psychiatric Services at 505-272-2920, which is available 24 hours or 1-888-920-6333, which is also a 24-hour crisis line.

- 10) By signing this document, I AGREE THAT I UNDERSTAND THE CONDITIONS OF TELEHEALTH SERVICES PROVIDED BY DR. LINDA NAJJAR/ INNER WISDOM COUNSELING, L.L.C. AND GIVE MY CONSENT. I have also been given the option to withhold consent by not signing this form, writing a letter, sending an email, or texting “NO, I DO NOT AGREE TO TELEHEALTH SERVICES.”

(Printed Name of Patient)

(Signature)

(Date)
