



Telehealth Therapy Agreement

Ethical and Security Guidelines

As the consumer of mental health psychotherapeutic services via distance technology, I confirm I have been informed of pertinent issues related to the confidentiality of my treatment with either Sarah Worley, LIMHP/Stephanie Orr, LIMHP/Erica Schroeder LMHP/Maureen DeRyke PMSW or Melissa Thorne LMHP of Daring Minds Therapy. I understand the current mode of telehealth communication meets current HIPAA telemedicine security guidelines, and that Daring Minds Therapy follows strict adherence to ethical guidelines pertaining to client confidentiality and technologically-assisted professional services as set for by the American Counseling Association's Code of Ethics. These ethical guidelines are as follows:

H.2.a. Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process.

H.2.b. Confidentiality Maintained by the Counselor

Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmission (e.g., colleagues, supervisors, information technologists).

H.2.c. Acknowledgement of Limitations

Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security

Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

Applicable Laws and Informed Consent

As set forth by the Nebraska Telehealth Act, I understand the following guidelines apply to my telehealth treatment with any provider at Daring Minds Therapy:

- 1) I retain the option to refuse telehealth consultation at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled;
- 2) All existing confidentiality protections shall apply to my telehealth consultation;
- 3) I have access to all medical information resulting from the telehealth consultation as provided by law for my access to my medical records;
- 4) The dissemination of any of my identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without my written consent;
- 5) This signed disclosure statement will become part of my health record with Daring Minds Therapy.

I understand any questions or concerns related to this form or to the proposed treatment can be directed to Sarah Worley, LIMHP, LADC, CPC the Clinical Director at Daring Minds Therapy either in person, via telehealth communication, or at (531) 289-1005.

Client Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Witness: _____ Date: _____