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## INFORMED CONSENT FOR TELEHEALTH ADDENDUM TO CLIENT-THERAPIST AGREEMENT

### **What is Tele-mental health?**

Telehealth is the provision of mental health services when the therapist/consultant and the patient/client are in separate locations, and the services are provided over electronic media. These services rely on several electronic, often internet-based, technology tools, which can include videoconferencing software, email, text messaging, telephone calls, virtual environments, and specialized mobile health apps. Your therapist/consultant will be providing telehealth services via phone calls and/or videoconferencing, using the Doxy.me or Zoom platforms. Both platforms are cloud-based, securely encrypted, telemedicine platforms that allow patients/clients to begin a session by clicking on a URL shared by the therapist/consultant via email.

### **What are the needed ingredients?**

You will need: 1. Access to internet services and the technological tools required to engage with the Zoom/Doxy.me platforms, 2. An email address or text phone number to which your therapist/consultant can send your Zoom/Doxy.me appointment time and the URL needed to access the “waiting room.”

### **What are the benefits and risks?**

- Benefits can include: 1. Receiving services at times when or in places where services may be otherwise unavailable, 2. Receiving services in a fashion that may be more convenient and, at times, required by incapacity or vulnerability to illness, 3. Receiving services when you are unable to travel to the service provider’s office.
- Risks can include: 1. Access to internet connection and cloud services that could cease working or become too unstable to use, 2. Malicious actors (hackers) may have the ability to access your PHI as it is transmitted in the process of the telehealth service delivery, 3. Computer or smartphone hardware can have sudden failures or run out of power midsession or local services can be interrupted at significant moments and your provider may be unable to reach you to reconnect, 4. Lack of in-person contact or presence in the distance between you and your provider may pose a difficulty which may be challenging to impossible to remedy online. These challenges can be processed with your provider as it is deemed important by either one or both of us.

### **Your Own Environment and Confidentiality**

You will be responsible for creating a safe and confidential space during your video sessions. It is important that you carefully consider using spaces that are free of other people or of the possibility of being overheard, observed or recorded in any way, including all AI. Please inquire with your provider if you need assistance with managing your privacy during your video sessions.

### **Your Security and Privacy**

Zoom and Doxy.me employ software tools that adhere to secure best practices and boast encryption at both ends of the conversation, as well as no capture or storage of the conversation. All of these tools are purposed to protect the privacy of your PHI. You also have a role to play, especially when using telemental health services, in protecting and maintaining the privacy of your PHI. It is important that you yourself use reasonable security protocols during our telehealth communications by using devices, apps and service accounts that are protected by unique passwords only you know or use face or fingerprint ID.

In addition, it is agreed between us that no recordings of your session – by you, your provider, Zoom, or Doxy.me – will take place. Any recordings can be quickly and easily repeated, especially by AI, in ways that compromise your privacy, so are to be avoided. Your provider will not video/audio record sessions.

**Our Communication Plan**

During our first session we will develop a plan for backup communication in case of technology failures, as well as a plan for communicating and responding to emergencies and mental health crises. The backup for failed technology will likely be to continue the session by way of phone contact. Please be sure I still have the phone number you wish me to use, as I will be using the current information on file regarding your preferences. Sessions will be kept to 50 - 55 minutes, except for those who have extended time agreements with me. A chime will remind us it is time to conclude and begin to arrange your next appointment.

**Insurance and Payments**

If you are insured by Premera or its affiliates, my billing agent will bill Premera. If there are copays or deductibles that you need to cover, you may send a payment from your bank to my account via Zelle or by check from your HSA or personal account to my office. I will also accept checks mailed to my Post Office Box (POB 50672, Bellevue, WA 98015). If you do not have insurance coverage or I am out-of-network with your insurance provider, you may use check or Zelle. Please make e-payments prior to your session and send payments by check to my office prior to your sessions.

**Agreement and Signatures**

My signature indicates that I have read, understand and agree to the contents of this Consent for Telehealth:

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Partner or Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist/Consultant signature \_\_\_\_\_ Date \_\_\_\_\_