

# Desert Hope Psychotherapy and Consultation Services, LLC

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## Informed Consent for Telepractice Services

This Telepractice Informed Consent serves as an Addendum to the Desert Hope Psychotherapy and Consultation Consent for Treatment Form.

Telepractice means providing behavioral health services through interactive audio, video or electronic communication that occurs between the behavioral health professional and the client, any electronic communication for evaluation, diagnosis and treatment including distance counseling, in a secure platform. Telepractice has the same purpose or intention as psychotherapy or mental health treatment that are conducted in person. However, due to the nature of the technology used you should understand that telepractice may be experienced differently than face-to face treatment sessions.

Services delivered via Telepractice rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, telephone, specialized mobile health ("mHealth") apps, and others. I use GoToMeeting, a secure web-based videoconferencing system to conduct assessment/ evaluation and counseling sessions. Prior to our initial Telepractice session, I will provide you with an access code and other information to initiate the counseling session. You will need access to Internet service and technological tools needed to use the above-listed tools in order to engage in Telepractice work with me. Please let me know if you have any questions or concerns about the above tools.

### **Benefits and Risks of Telepractice**

Receiving services via Telepractice allows you to: 1) Receive services at times or in places where the service may not otherwise be available. 2) Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings. 3) Receive services when you are unable to travel to the service provider's office.

Receiving services via Telepractice has risks. Telepractice services can be impacted by technical failures, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples: 1) Internet connections and cloud services could cease working or become too unstable to use. 2) Malicious actors ("hackers") may have the ability access your private information that is transmitted in the process of Telepractice based service delivery. 3) Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out. 4) Interruptions may disrupt services at important moments, and I may be unable to reach you quickly.

### **Assessing Telepractice's Fit For You:**

Service delivery via Telepractice is not a good fit for every person. You and I will continually assess if working via Telepractice is appropriate for your case. Please talk with me if you find the Telepractice media difficult to use. If face-to-face therapy is indicated and I cannot provide it, I will make appropriate referrals in the area in which you live. Raising your questions or concerns will not, by itself, result in termination of services. You also have a right to stop receiving services by Telepractice at any time without prejudice.

# Desert Hope Psychotherapy and Consultation Services, LLC

## Your Responsibilities:

You are responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. You are responsible for providing the necessary computer, telecommunications equipment and internet access for our telepractice sessions. At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises.

## Our Safety and Emergency Plan

As a recipient of Telepractice based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with me. At the beginning of each session, I will confirm with you your location and if we are conducting a telephonic session, I will also ask you to confirm your identity with a mutually agreed upon code.

In the event you experience an emergency, you can call 911 or proceed to the nearest hospital emergency room for help. If I determine an emergency, I may also contact 911 for emergency services.

## Your Security and Privacy

Except where otherwise noted, I will employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy during the telepractice session. Recording video and/or audio during sessions is prohibited without written consent.

**Consent for Evaluation and Treatment: Consent is hereby given for evaluation and treatment under the terms described in this consent addendum. It is agreed that either of us may discontinue Telepractice based services for evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am the custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of a minor child, please specify the following:

Full name of Minor: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of Minor: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

For Office Use Only-Verification that client has read and understands the Informed Consent Document.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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