**NuLife Choices Counseling Services, LLC**

**INFORMED CONSENT FOR TELEHEALTH THERAPY**

This Informed Consent for Telehealth contains important information focusing on providing services using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**Benefits and Risks of Telehealth**

Telehealth refers to providing Therapy services remotely using telecommunications technologies, such as video conferencing or telephone. Once of the benefits of telehealth is that the patient and the clinician can engage in services without being in the same physical location. This can be helpful particularly during this world health issue that we have been dealing with over the past two and a half years in ensuring continuity of care as the patient and clinician likely are in different locations or are otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person therapy and telehealth, as well as some risks. For example:

* Risks of confidentiality – As telehealth sessions take place outside of your therapist’s office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. It is important; however, for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on you cell phone or other device(s). You should participate in therapy only while in a room or are where other people are not present and cannot overhear the conversation.
* Issues related to technology – There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored date could be accessed by unauthorized people or companies.
* Crisis management and intervention – Usually, I will not engage in telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. We may not have an option of in-person services presently, but in a crisis situation, you may require a high level of service. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of of our telehealth work.

**Electronic Communications**

You may have to have certain computer or cell phone systems to use telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth.

For communication between sessions, I only use email communication and text messages with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you DO NOT either. Also, I do not regularly check my email or texts, and do not respond immediately, therefore, these methods **SHOULD NOT** be used if there is an emergency.

Therapy is most effective when clinical discussions occur at your regularly scheduled sessions. But is an urgent issue arises, you should feel free to attempt to reach my by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach my and feel that you cannot wait for me to return your call, and if you need immediate attention, contact your family physician or the nearest emergency room.

**Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of telehealth services. The nature of electronic communications technologies, however, is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep you information private, buit there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications during our telehealth sessions.

**Appropriateness of Telehealth**

During this time, it may not be possible to engage in in-person sessions to “check-in” with one another. I will let you know if I decide that telehealth is no longer the appropriate form of therapy for you. If you decide telehealth is not optimal for you, it is important to let me know. We will discuss options of engaging referrals to another professional in your location who can provide appropriate services.

**Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as technological connection failure, and your having an emergency, do not call me back; instead call 9-1-1, or go to the nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-connect you via the telehealth platform on which we agreed to conduct treatment. If I do not connect via the telehealth platform within two (2) minutes, them call me on the phone number I provided (856) 720-0526.

**Fees**

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session.

**Records**

The telehealth sessions shall not be recorded in any way unless agreed in writing by mutual consent. I will maintain a record of our session the same way I maintain records of in-person sessions in accordance with my policies.

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the onset of out treatment together and does not ament any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness : Lisa Munn, MS, LCADC, CGP, ICADC, DRCC