

## Your Song Counseling, PLLC

5702 N 26th St Suite A Tacoma, WA98407/(253)242-2795/ayako@yoursongcounseling.com

### **Disclosure & Informed Consent for Teletherapy/Telehealth**

At your request, for your convenience, and if it is therapeutically appropriate, we may make use of technology assisted distance counseling tools such as telephone communications and internet enabled video and/or audio services – aka teletherapy/telehealth. It is important that you understand the benefits and limitations of such services.

- If you are located outside of the State of Washington, the counseling services we are allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services we may be able to provide to you.
- Distance counseling services are not appropriate for all clients and all situations. If you or your clinician determine that distance counseling services are not appropriate for you, your clinician will assist you in obtaining face-to-face counseling.
- Successful use of distance counseling services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
- At times it may become necessary for us to allow access to our computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, we will make reasonable efforts to protect your confidential information.
- Distance counseling services are often not reimbursed by insurance or other third party payers. In such cases, payment for distance counseling services remains your sole responsibility.
- In case of hardware, software or other system failure, you may reach your clinician by phone to coordinate your continued work together.

At the initiation of our therapeutic relationship we will ask you to provide the following information:

- Your physical location and address;
- Your local hospital emergency room phone number;
- Your local crisis line phone number.

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above and that you are requesting to participate in teletherapy provided through Your Song Counseling.

**CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE**

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.

Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.

The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.

I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.

To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

That I have read or had this form read and/or had this form explained to me, that I fully understand its contents including the risks and benefits of the procedure(s), and that I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

Name: \_\_\_\_\_

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

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