TELETHERAPY COUNSELING (TC)
INFORMED CONSENT, POLICIES, & AGREEMENT

This form is in **addition** to the Office and Financial Policies and Therapy Consent of Veronica Thomas, LLC d/b/a To Be Known Therapy Services (BKT). With the written consent of a patient, we are able to provide Teletherapy Counseling (TC) sessions in addition to or in place of the in-person therapy sessions provided at our office. "Teletherapy" includes consultation, treatment, transfer of medical data, emails, telephone conversations, audio, video-conferencing, or data communications. If you are interested in receiving Teletherapy sessions, please review the terms and conditions below and feel free to ask any questions regarding these policies.

Acknowledgments of Limitations & Risks:
There are potential limitations and risks of TC (e.g. limits to patient confidentiality) that differ from in-person sessions, which include but are not limited to the following terms and conditions:

1. The therapist cannot see you, your body language, or your non-verbal reactions.
2. Due to technology limitations, the therapist may not hear all of what you are saying and may need to ask you to repeat things.
3. Technology might fail before or during the TC counseling session.
4. Confidentiality breaches may occur for various reasons out of our control.
5. Transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.
6. Teletherapy based services may not be as complete as face-to-face services. Prior to engaging in TC, an assessment will be completed to assure that TC is an appropriate form of counseling.
7. The therapist may determine that due to certain circumstances, Teletherapy is no longer appropriate and that in-person sessions should resume.

Logistics:
For phone/video-counseling sessions, the therapist will call you at the scheduled time or send you a link for a secure and HIPAA compliant video session. You must use the video-conference platform selected for virtual sessions. You must be available at the scheduled time and prepared, focused and engaged in the session. You must use a webcam or smartphone during the session.

You will need to be in a quiet, private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others who can hear you, BKT cannot be responsible for protecting your confidentiality.

It is important to use a secure internet connection, rather than to use public/free Wi-Fi. You are responsible for the information security on your own computer, and every effort MUST be made on your part to protect your own confidentiality.

Please know that per best practices and ethical guidelines, we can only practice in the state of Michigan. You agree to inform your therapist if your therapy location has changed or if you have moved.

Connection Loss During Phone Sessions: If the phone connection is lost during a session, the therapist will call you back immediately. Please attempt to call your therapist at (734) 707-7363 if the therapist does not reach you. The therapist will attempt to call you 3 times. If the therapist cannot reach you, she will remain available to you during the entire course of the scheduled session to continue the session. If a connection loss occurs during the session, i.e. due to technology, your phone battery dying, bad reception, etc., you will still be charged for the entire session. If the loss for connection is a result of something on the therapist's end, she will call you from an alternate number.

Please list your main number and an alternate number below:

_____

Recording of Sessions:
Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-therapist relationship.

Emergencies and Confidentiality:
Please list the person's first and last name, relationship and phone number(s) of your emergency contact:

_____
Full Name Relationship Number(s)

Please provide the address from which you will be calling and the number to your local police department including area code in the area in which you are located during the time of our call.

_____
Teletherapy Address

_____
Local Police Department City and State Phone Number

To Be Known Therapy Services does not provide emergency services. If a situation occurs where the session is disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact 988 or the National Suicide Hotline at 800-784-2433.

If there are concerns about your safety at ***any*** time during a phone session, the therapist will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately.

Fees. If you need to cancel or change your tele-appointment, you must notify the therapist in accordance with the Office Treatment and Financial Policies. All of the fees, billing information and policies set forth in the Office Treatment and Financial Policies apply to your TC sessions.

Consent to Participate in TC Sessions:
By signing below you agree that you have read and understand all of the above, including the risks and limitations of TC, and you are making an informed consent to participate in TC sessions under the terms described in this document.

Acknowledgement: I have read and agree to the terms of "Teletherapy Counseling – Consent, Policies & Agreement". I acknowledge that I am the client or the legal representative of the client, and I agree that my drawn or generated signature is a legally binding equivalent to my handwritten signature.

Patient Name: _____Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

TO BE KNOWN THERAPY SERVICES
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