

Informed Consent Addendum for Tele Psychotherapy

This is to be used in conjunction with the Informed Consent document that is required of all clients prior to starting therapy services,

What is Tele Psychotherapy?

Telehealth psychotherapy is the practice of therapy, consultation, and supervision, through the use of audio, video, and telephone communication. It might be used as the only or predominant way of conducting therapy sessions, or as an occasional form along with in person counseling.

Risks of Tele Psychotherapy

1. Technological failure, such as unclear video, loss of sound, poor connection, or loss of connection.
2. Nonverbal cues are less readily available to both client and therapist.

Benefits of Tele Psychotherapy

1. Less limitations by geographical location.
2. Reduction of travel to a physical office, and decreased travel time, and carbon footprint.
3. Participation in therapy from your own home or the environment of your choosing.
4. Ability to have therapy if there are mobility or health limitations that make going to a physical office challenging.

Tele psychotherapy services by Shane Elsdon M.S., LMHC, NCC at Art of Loving Center llc. May occur only with current residents of Washington state. The current laws that protect privacy and confidentiality also apply to tele psychotherapy. Any exceptions to confidentiality are described in the Informed Consent document.

All existing laws regarding client access to mental health information and copies of mental health records apply.

No video or voice recordings are kept from tele psychotherapy sessions. Clients may not record or store videoconference or in person sessions.

Expectations of client during each session:

1. Operational web camera that allows for clear resolution.
2. Bandwidth connection of 384 kb or higher.
3. Proper lighting and seating to ensure a clear image of each party's face.
4. Appropriate secure environment.
5. Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session.
6. Valid id must be presented by the client during the initial consultation, and a copy provided for the medical file.
7. The client must disclose the physical address of their location at the start of the session.
8. The client will provide a phone number where they can be reached in the event of service disruption.

Tele psychotherapy may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit from another form of service, or another provider, an appropriate referral will be made, in accordance with professional ethics and state law.

Emergency protocol

Client is to provide the name and contact information in case of an emergency, as well as client’s local emergency number. In the case of an emergency, the information provided will include the nature of the crisis and immediate needs of the client.

Response to technological difficulties

Should technological difficulties disrupt a session, and not be quickly resolvable, Shane Elsdon LMHC NCC will call the client, and either finish session by phone, or reschedule for a different time.

Payment

Session costs are outlined in the Informed Consent form. Payments can be made by credit card or debt via Square, Stripe, Zelle, or Venmo. We do not accept insurance but will provide you with a receipt that can be submitted for possible reimbursement.

Contact between sessions

Telephone, Texting or Email can be used in between sessions for communication.

Consent to treatment

I, voluntarily, agree to receive tele psychotherapy, assessments, and treatments, and authorize such treatments, from Shane Elsdon M.S., LMHC, NCC to provide such services. I understand that I may withdraw consent for such care at any time.

By signing this Informed Consent, I, the undersigned client, acknowledge that I have read and understood the information. I have had the opportunity to ask questions and get clarification of anything that is unclear to me.

Signature of client or legal representative	Date
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Signature of client or legal representative	Date
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Please send a therapist signed addendum to the following:

Email Address: theartoflovingcenter@gmail.com

(only include if you are authorizing this as an acceptable means of communication)

Therapist signature: _____
Shane Elsdon M.S., LMHC, NCC