

CONSENT FOR TELEHEALTH SERVICES

Initials _____

I (the undersigned) am engaging in telemedicine with Holly L. Pankratz, MA MHCL, as part of my psychotherapy care at Reflection Counseling, PLLC. I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners.

Because of recent advances in communication technology, the field of tele-therapy has evolved. It has allowed individuals who may not have local access to a mental health professional to use electronic means to receive services. Because it is relatively new, there is not a lot of research indicating that it is an effective means of receiving therapy. An important part of therapy is sitting face to face with an individual, where non-verbal communication (body signals) is readily available to both therapist and client. Without this information, tele-therapy may be slower to progress or less effective.

With the telephone, the client’s tone of voice, pauses and choice of words become especially important and therefore an important focus of the sessions. With therapy via email, the written word is the exclusive focus. What is important here is that you are aware that tele-therapy may or may not be as effective as in-person therapy and therefore we must pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy.

Holly L. Pankratz uses a HIPAA compliant video chat platform from Simple Practice (with ZOOM as a backup) (both U.S. companies). To use these platforms, clients must have access to a computer (or another device, such as a phone or tablet) that has a camera, microphone, and is Internet or Mobile network capable.

In the event of a technology failure (internet connection problem or browser problem, Holly will call you and determine the next steps. This may mean using a different HIPAA compliant platform, such as Doxy.me or VSee.

Holly is licensed in Washington state only. Therefore, she is only able to provide therapy to clients here in Washington. She will not be able to continue to provide therapy services if you move to a state where she is not licensed or where she is unable to legally practice therapy.

CLIENT RIGHTS IN TELETHERAPY:

I understand that I have the following rights with respect to telemedicine:

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence

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towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telemedicine-based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improved, and in some cases may even get worse.

I understand that I may benefit from telemedicine, but those results cannot be guaranteed or assured.

I understand that I have a right to access my medical information and copies of medical records in accordance with state law.

CRISIS

As Holly is not physically present in the telemedicine session, I understand she will be asking where I am located at the beginning of each session. This allows her to be able to respond effectively in the event of an acute crisis and notify emergency responders to my location.

In the event of a mental health emergency, I know that I can contact 911 or reach out to the following:

National Suicide Hotline: 1-800-273-TALK

Crisis Text Line: Text "Connect" to 741741

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

Signature _____

Name: _____

Date: _____