



LIGHTHOUSE COUNSELING SERVICES, PLLC

TELEHEALTH INFORMED CONSENT FORM

I consent to engaging in telehealth with Lighthouse Counseling Services as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy will be arranged prior to sessions, preferably 24 hours in advance, and at the therapist's discretion. I understand that telehealth services may not be as complete as in-person therapy services. Telehealth will occur primarily through GoToMeeting, a HIPAA compliant interactive audio and video program.

I understand, that the sessions need to be conducted at home, in a private setting in order for the session to be effective. I agree that if these sessions are not conducted in a private setting, the session will be cancelled and I will be charged a \$45 fee rather than utilizing insurance.

I understand that my health insurance may not cover telehealth services and that I will be responsible for any costs for these services.

I understand the following rights and limitations with respect to telehealth:

1) I have the right to withhold or remove consent at any time without affecting my right to future care or treatment. I understand I am responsible for payment of sessions prior to invoking this right.

I authorize and give consent to provide my credit card information over the phone. I authorize Lighthouse Counseling Services to charge my card for all services and this authorization will remain in effect until cancelled.

I authorize to charge my credit card above for services when my credit card is not present (i.e. when I forget to bring my co-pay, TeleHealth services and no-show/late cancellation fees). I understand that my information will be saved, in a secure location, to file for future transactions on my account

2) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent,

3) I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Lighthouse Counseling Services that: the transmission of my personal information could be disrupted or distorted by technical failures. I am aware of these issues and I will not hold Lighthouse Counseling Services or its staff liable.



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4) I understand that certain situations including emergencies and crises are inappropriate for telehealth-based therapy services. If I am in a crisis or an emergency, I will immediately call 911 or go to the nearest hospital or crisis facility. I may contact the UNI Crisis Line at 801 587 3000. An emergency or crisis situation may include thoughts of hurting myself or others, engaging in self harm behaviors, or are in a life-threatening situation. I acknowledge I have been told that if I feel suicidal, I am to call 911, local crisis agency UNI at 801 587 3000 or the National Suicide Hotline at 1 800 784 2433.

Parent Agreement for Tele-Play Therapy Sessions

What is Tele-Play Therapy?

Tele-Play Therapy is, in many ways, similar to in person play therapy. Child therapists utilize the language of play to connect and process with children at their developmental level. The most important aspect of play therapy is the relationship the child has with the therapist. With Tele-Play Therapy, therapists connect with children in many of the same ways, with the child getting to introduce the therapist to their world at home.

Is Tele-Play Therapy effective?

Yes! The good news is that research* has shown that virtual therapy is as effective as in person therapy. Anecdotally, child therapists (myself included) have continued to see improvements in their clients when making the jump from in person to virtual sessions.

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/>

What supplies will my child need?

Art Supplies

Stuffed animals

Dolls

Games Sensory toys such as play-doh

What do I, as a parent, need to do during sessions?

Please be on the call for the first minute or so of session. This allows the therapist to know your location and give you any special instructions for that session. Additionally, please be near your phone for the duration of the call, so your child's therapist can reach you in case of lost internet connection or an emergency.

What if my child plays on another app?

What if they close the screen or turn off the volume?

Setting appropriate limits is a regular part of play therapy. Your child's therapist will be able to set the limits needed, or, in the event of shut down, will contact you for additional support.



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What if my child has a meltdown? Child therapists are trained to contain, assist, and soothe a child in the event of a meltdown. In fact, it can be very therapeutic for the child and therapist to connect in this way. However, there are times when the therapist may need a parent's additional support in soothing the child, as they are not in person. The therapist will instruct and give ideas on how to best help your child in real time.

I understand that the sessions need to be conducted at home, in a private setting in order for the session to be effective. I agree that if these sessions are not conducted in a private setting, the session will be cancelled, and I will be charged a \$45 fee rather than utilizing insurance.

Client/Guardian signature _____

Date: _____

Client/Guardian signature _____

Date: _____