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INFORMED CONSENT TO RECEIVE TELEHEALTH PSYCHOTHERAPY SERVICES

Social distancing is the most effective way to slow the transmission of the Coronavirus that causes COVID-19. In an effort to continue to provide quality mental health services, we are offering the option of online psychotherapy services. This consent form is for Tele mental health* services with AIC Provider. It is essential to understand your rights and responsibilities. If you have any questions about this form, please discuss them with me.

I, _____ (Patient)

hereby consent to engage in teletherapy with Provider. I understand that “telehealth” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental health information, both orally and visually.

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

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- I have the right to confidentiality. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are mandatory exceptions to confidentiality which were discussed in the *Mandatory Disclosure Statement (MDS) / Informed Consent* reviewed with me at the start of services.
- I understand that telebehavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized.
- I understand that risks and consequences from telehealth may include but are not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I will be notified immediately in the event of a breach of confidentiality or data.
- I understand that telehealth based services and care may not be as complete as face- to-face services. If my counselor believes I would be better served by another form of

therapeutic services (e.g. face-to-face services) I may be referred to a professional who can accommodate. All referrals will adhere to the provider's Professional Code of Ethics.

- 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 therapist, my condition may not improve, and in some cases may even worsen.
- I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured. Some benefits are:
 - Fewer limitations by geographical location, and possibly more options for scheduling times to meet.
 - Reduction of travel to a physical office, which reduces or eliminates travel time.
 - Participation in therapy from your own home or the environment of your choosing.
- I understand that no video or voice recordings are to be made, captured, or kept from telemental health sessions unless approved in writing. Clients may not record or store video conference sessions or face-to-face sessions.
- I understand that at the beginning of each session, I must disclose my location to my therapist in case an emergency arises during the session.
- I accept that telehealth does not provide emergency services. During our first session, my therapist and I will discuss an emergency response plan.

***If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the Colorado Crisis Services at 1-844-493-TALK (8255) is a 24/7/365 support line for anyone affected by a mental health, substance use or emotional crisis. Immediate support is available and connections to more resources are provided, or I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

- I understand that I am responsible for (1) Minimum bandwidth connection of 384 kb or higher. (2) Minimum resolution of 640x360 at 30 frames per second. (3) Operational web camera (HD 1080p is recommended). (4) Proper lighting and seating to ensure a clear image of each party's face. (5) Dress (clothing) and physical environment that would be appropriate for an in-office visit (solid color attire maximizes quality). (6) Only previously agreed-upon participants are permitted to be present or to participate, observe, or hear the session in any way. The presence of any individuals unapproved by client & therapist and not part of the treatment plan will be cause for termination of the session. (7) Valid ID must be presented by the client during the initial consultation. In addition, a copy must be provided by the client to be held in the therapist's file; however, initial sessions are encouraged to be held in person when possible. (8) The client must disclose the physical address of their location at the start of the session. Unknown locations will be cause for termination of the session. (9) The client shall also provide a phone number where they can be reached in the event of internet service disruption. (10) The full fee will be charged even if technical or equipment problems (on the client's end) or violations of any of these Client Agreements occur and prevent the completion of your session.

Payment

- Session costs are outlined in your MDS. Payment for services is made under the same practice guidelines as with in-office sessions.

Protocols for Technical Failure:

- If equipment or transmission failure occurs, I will first disconnect and attempt to reconnect with the telehealth therapy platform. If unsuccessful, the therapist will use the phone number provided in the intake form to reach out to me and try to resolve issues. It may be necessary to complete the session via telephone.
- To protect confidential information, I may be asked to provide a codeword or answer a security question before continuing (or initiating) a counseling session over the phone.
- If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, another session may be scheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of services.

Colorado Law:

- I understand that most states require healthcare providers to be licensed in the state in which the Telehealth patient is located. In order for Provider to provide telehealth services to me, I (Patient's off/distant site) need to be in the state of Colorado.
- Since Colorado passed telehealth parity law in 2016, private insurers are required to cover telehealth in the same manner that the plan covers health care services delivered by a provider in-person for patients statewide. To learn more about the telehealth reimbursement of private payers, I am responsible to contact my insurance company directly.

To access your telehealth sessions, you need:

1. A fully charged computer, tablet, or phone.
2. An external or integrated webcam.
3. An external or integrated microphone.
4. An internet connection with the bandwidth of at least 10 MBPS or Ethernet cable.

Recommendations for Client Session Space:

1. Find a quiet uninterrupted space. Children and pets are better not included in sessions.
2. Use headphones / earbuds during the session for more privacy.
3. Sit facing indirect light as much as possible, so that your face is visible to your therapist.
4. Adjust your camera to establish natural eye contact with your therapist.
5. Turn off computer & phone notifications by using "Do Not Disturb" just as you would in your in-person counseling sessions.
6. Wear solid color clothes to reduce pixel/ bandwidth

7. Close any other open apps and programs on your computer—they can rob you of processing power and degrade your signal. Desktops & Laptops tend to work slightly better than iPads and smartphones.
8. If you do not do a lot of videoconferencing, give yourself a break as you adjust to a slightly different rhythm of conversation than we have in-person.

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I voluntarily agree to receive Telehealth assessment, care, treatment, or services and authorize my provider to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive at any time. By signing this consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Print Patient Name: _____ Date: _____

Responsible Party: _____

Signature: _____