

Client Informed Consent Addendum

Things You Should Know About Doing Telehealth Counseling:
(Please read carefully so that you understand the potential risks!)

What is Telehealth counseling? The telehealth service is counseling provided through a HIPAA compliant video conferencing internet platform. It is provided by Restoration Christian Counseling (RCC) as a service implemented for your benefit and convenience. Distance online counseling has certain challenges that in person counseling does not, but also has some benefits that in person counseling does not. For privacy and security of your personal, private health information (PHI) some specific procedures for communication during and in between sessions is required by state and federal law. Those procedures are outlined below.

Restoration Christian counseling has implemented safeguards that are consistent and exceed HIPAA rules to protect your PHI including utilizing a dedicated computer specifically for Tele health services and electronic medical records services that use a VPN, Ethernet connection, and password protections. The electronic medical record system in use is HIPAA compliant and we have a business associate agreement with the service provider. However, security of your information cannot be guaranteed in the case of power or technical failure. additional administrative, physical and technological protections are used as well. We have taken all necessary and sufficient precautions to protect your privacy and the security of your information. However, despite all these precautions, we cannot guarantee due to unforeseen circumstances that a breach of your PHI will not occur. Please be aware that it is possible, even if it is unlikely, that persons with superior technological knowledge and or invasive malintent may still be able to breach sessions or stored information.

Billing for these services follows regular RCC procedures for documented services in our electronic medical records and billing services. We will make effort to bill your insurance provider where we are contracted to provide Tele health services. If your insurance does not cover the part or all the costs of Telehealth services you will be required to pay the balance of the cost for the service.

Your Counselor: is a licensed professional clinical counselor, licensed clinical social worker, or licensed psychologist with autonomous functioning.

Your Role as a Client and Counseling Process: Ideally, your initial meeting with your counselor should be a face to face meeting at the RCC office. This will allow you and your counselor to discuss the space where you intend to be during your online sessions, check the technology or computer equipment and go over procedures to make the online sessions go more smoothly. You will also complete all paperwork associated with your participation in the Tele health services. Paperwork will include signing of this informed consent document, setting up an emergency procedures document and receiving your notices of privacy practices document. Clients may not give consent, according to HIPAA rules, to opt out of privacy and security precautions as set out by federal law. At that time, or anytime throughout the online counseling process if you are uncomfortable with any or all procedures, requirements or processes, please let your counselor know immediately. If your comfort level cannot be reached the Tele health counseling services may be terminated in favor of face to face counseling with your counselor or another provider.

Scheduling: Your counselor will likely suggest that you schedule your follow up sessions at the end of each of your online and or in person sessions. If you need to schedule or reschedule in between sessions, you may call our office. It is required that wherever possible you give 24 hour notice of appointment changes unless it is an emergency situation. If 24 hour notice is not given before the appointment change or cancellation you may be charged full regular fee for the appointment.

Online Session Requirements: It is required that you be in the state of Kentucky to receive counseling from our counselors due to state licensing requirements. There are certain exceptions to this in the case of temporary vacationing but your counselor must be notified ahead of time and have time to check state requirements. Your counselor may ask you to verify your identity by showing your photo identification at the beginning of your session and will ask you to verify your physical address at the beginning of each session in case of an emergency situation. It is also required that you have an available personal support person or PSP, within a 10 minute range of where you are having your sessions in case of emergencies. They do not have to be in the room with you during your counseling sessions but will need to be reachable by you or your counselor through text or telephone and within physical range inside of 10 minutes. This can be anyone over the age of 18 that you choose. Otherwise, no one should be able to see or hear what is going on in your sessions without your permission and notifying your counselor in advance.

Technical Requirements: In order to make your sessions go smoothly, it is asked that you maintain certain technical requirements as much as is possible. Your counselor will make every effort to maintain the same requirements and standards. This includes:

- Make sure your computer or device has the technological capacity to handle video conferencing for example, built-in video camera or webcam and microphone.
- Use Ethernet cable connection and VPN services, if possible, to assure security of the process from your end of the connection.
- Make sure your Internet bandwidth service is running at high enough speed to avoid buffering or lags in video or audio feed (500 MBPS or more).
- Shutting down all programs on your computer or device not needed for use during your session.
- Utilizing a headset or headphones with a microphone so as to minimize background noise and so others are not able to hear your conversation.

Session Etiquette: There are also some additional things to do during your sessions that will also help it go more smoothly. These include:

- Please restrict persons or pets from coming into the room during your sessions to minimize distractions.
- Please be dressed appropriately as you would if you were coming to an in-person session, for example, no pajamas, bath towels, robes etc.
- Please do not have televisions, radios, or other noise is running in the background to minimize audio distractions.
- Have your video camera captured you at medium range (shoulders and head) unless otherwise asked by your counselor.
- Don't shout unless otherwise asked to raise the volume of your voice by your counselor

- Do not eat, smoke or use substances during your session. Your counselor may choose to end the session if you appear to be intoxicated or otherwise altered during your session.
- Please have your cell phone put away during your session.

Emergency Situations and Procedures: There are certain circumstances where emergency procedures and documentation must be followed by your counselor in order to assure your safety and the safety of others. If your counselor suspects that you are of danger to yourself or others they have a duty to warn those that might be in harm's way and emergency services must be contacted. If you report elder abuse, child abuse or domestic violence, these situations require that your counselor document and report to the appropriate authorities. As was stated prior, you must have a personal support person or PSP, within a 10 minute physical range of you in case of an emergency. This person should be the same person each time you have a session unless you notify your counselor otherwise. Your counselor must have that person's phone number and your written permission to contact them in case of an emergency. You will have an opportunity to provide that person's contact information on your emergency procedures document which is attached to this informed consent.

In Case of Technical Difficulties: If during an online session, video or sound disturbance is preventing you or your counselor from seeing or hearing adequately, your counselor will make effort to help you or help themselves resolve the technical issues. However, if this cannot be accomplished within a reasonable amount of time your counselor may have you telephone them to reestablish contact as you are trying to reconnect. If sound or video is disturbed to the point where that request cannot be made then it is suggested that you phone the counselor to complete the session or reschedule as appropriate.

I, _____, have read and understand all of the above information. I agree to all the provisions outlined above. I understand that there are reasonable risks and benefits to the Telehealth counseling services that RCC has agreed to provide. I believe that RCC has taken reasonable precautions to assure my privacy and the security of all live and stored PHI and I agree to release RCC from any additional responsibilities to further protect from privacy/security breaches.

Consent for Service:

Signature of Client: _____ Date: _____

Emergency Procedures for Telehealth Counseling:

Please fill out all of the following information thoroughly and carefully. By filling out this document, you are consenting for your counselor to contact any and all persons listed in the case of an emergency situation. If any of the information changes after completing this document, please notify your counselor immediately.

Primary Care Physician's Name: _____

Address: _____

Phone #: _____

Psychiatrist's Name: _____

(Or Mental Health Nurse Practitioner)

Address: _____

Phone #: _____

Emergency Contact: This person agrees to be within a 10 minute physical contact range while I am participating in online counseling sessions. I know that they do not have to be in the room with me, but will be available for my counselor to contact in the case of emergency and agrees to provide emergency assistance to me as necessary. By providing this emergency contact, I grant my counselor permission to contact them during any event my counselor considers to be potentially dangerous for me or my emotional, physical, or mental health. This person will be the same person each time unless I notify my counselor otherwise.

Personal Support Person's Name: _____

Address: _____

Phone #: _____

Can this person receive text messages? Yes No

Additional Support Person's Name: _____

(Optional)

Address: _____

Phone #: _____

Can this person receive text messages? Yes No

Local Emergency Services Information:

Local Police Station: _____

(Not 911)

Address: _____

Phone #: _____

Local Fire Station: _____

(Not 911)

Address: _____

Phone #: _____

Local Hospital: _____

(Not 911)

Address: _____

Phone #: _____

Local EMS Station: _____

(Not 911)

Address: _____

Phone #: _____

Does the area from which I will be calling have 911 support services available? _____ Yes _____ No

National Suicide Prevention Hotline: 1-800-273-8255

KY Child Abuse Hotline: 1-877-KYSAFE1

Restoration Christian Counseling, LLC: Cathi Donahue, 859-382-0132

Christina Dillon, 859-354-8246

Lee Ann Hunt, 859-209-1979

Stephen Applegate, 859-553-4738

I, _____, agree to allow my counselor to contact any and all of the above listed in case of an emergency. I release my counselor from any and all liability related to following required and/or necessary emergency procedures on my behalf.

Client Signature: _____ **Date:** _____