

Telehealth Agreement and Consent

Compass Point Counseling and Consulting, LLC (CPC) provides Teletherapy Services to individuals to supplement in-office sessions, as well as to individuals that may have transportation or scheduling conflicts to attend sessions in the office. In the event that you decide to use our Teletherapy Services, this document has procedures for those services along with important information about CPC Teletherapy. *Please read this document completely.*

1. Compass Point Counseling and Consulting, LLC uses HIPAA compliant platforms (i.e. www.doxy.me) for its Teletherapy Sessions. These platforms are accessible through a web browser on your computer and/or free app download on mobile devices.
2. In the case of a disconnection please call 863-899-9538 and your therapist will either resume your session via phone or may choose to reschedule the appointment.
3. The convenience of teletherapy sessions along with our tendencies to multitask while communicating via technology often leads patients to see teletherapy sessions differently than an in-office visit (e.g. try to get their session done "on the go" or while doing other things). Approaching a teletherapy session in this manner frequently leads to distractions, interruptions during the session, loss of privacy, and an overall reduction in efficacy of treatment. **It is very important that you treat your teletherapy session just the same as an in-office visit.** That means that you will need to be in a quiet, private place that is free of distractions and interruptions. If at the time of your session your therapist finds that you are not in a suitable location for the appointment, they may choose not to continue with the session, at which point you would be responsible for payment for the session as though it were a no-show.
4. Because you are not physically in the office to remit payment, arrangements for payment for Teletherapy Sessions must be made in advance of the session.

Telehealth services are defined as communication between yourself and our practice via telephone, email, text message, video conferencing, or any other remote means that utilizes electronic transmitting technology. This includes what is defined as "teletherapy" (psychotherapeutic intervention done remotely via videoconferencing or telephone), as well as use of technology for administrative purposes (e.g. emails, text messaging, and phone calls regarding scheduling appointments). I understand that Telehealth allows my therapist to diagnose, consult, treat, transfer medical data, and educate using interactive audio, video, or data communication regarding my treatment. This Consent Form covers all forms of electronic communication (teletherapy and administrative). I have read and understand the following important information regarding Telehealth Services:

1. I have a right to confidentiality with telehealth services under the same laws that protect the confidentiality of my medical information for in-person psychotherapy, as noted in this Informed Consent Form.
2. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal, and relational issues, there is no guarantee that all treatment of all clients will be effective, and this includes Telehealth Services.
3. I understand that Telehealth Services risk technological failure that could cause distortion or complete disruption.
4. I understand that if my therapist believes Telehealth Treatment Services (e.g. psychotherapy via videoconferencing) are not an appropriate intervention, they will make an appropriate referral for services they judge to be more appropriate for my circumstances. This may include a referral for in-person treatment.
5. I have the right to withhold or withdraw this consent at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
6. I understand that Compass Point Counseling and Consulting, LLC uses HIPAA compliant methods for Telehealth Services. However, no use of technology can be 100% protected. I also understand that the confidentiality of any text messages, emails, or voicemails I choose to keep is my responsibility and not the responsibility of CPC or Yantra Psychiatric Services.

I _____ (patient/guardian name/s) hereby consent to participating in Telehealth Services with Compass Point Counseling and Consulting, LLC.

Client Name

Date