Arcadia Counseling CENTER

Telemedicine/Technology Assisted Counseling (TAC)

Consent, Policies, and Agreement

This form is in **addition** to the regular ACC Consent for Treatment and Notice of Privacy Practices for Protected Health Information, commonly known as HIPAA. You must sign both in order to participate in TAC sessions. TAC incorporates email, phone and video counseling. This is to inform you about what you can expect regarding your participation in TAC counseling.

Benefits:

1. Reduces the stigma of obtaining mental health services.
2. More convenient counseling options including location, time, no driving, etc.
3. Reduces the overall cost and time of therapy due to not having to drive to and from the office.
4. Ability to have real time monitoring and reduces the wait time for scheduling appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

Limitations: It is important to note that there are limitations to TAC counseling that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. Clinicians cannot see you, your body language, or your non-verbal reactions to what is being discussed.
2. Due to technology limitations clinicians may not hear all of what you are saying and may need to ask you to repeat things, and vice versa.
3. Technology might fail before or during the TAC counseling session.
4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons (ie. technology deficits, environmental interruptions).
5. To reduce the effect of these limitations, clinicians may ask you to describe how you are feeling, thinking, and/or acting in more detail than during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail; please do so.

Logistics: Your clinician will email or text you a link to connect with a phone/video-counseling session. This link will connect you directly to our HIPAA compliant video session through either Doxy.me or Simple Practice. We expect you will be available at our scheduled time and are prepared, focused and engaged in the session. Your clinician will be connecting with you from a private location with nobody else in the room. You are encouraged to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own privacy and comfort. If you choose to be in a place where there are people or others can hear you, we cannot be responsible for protecting your confidentiality. We suggest you wear a headset to increase confidentiality, as well as the sound quality of our sessions. Please know that clinicians cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or

intentionally. Please reduce all possibility of interruptions for the duration of our scheduled appointment.

Connection Loss During Phone Sessions: If the connection is lost during a phone session, we will call you back immediately and will continue to try up to 3 times. Your clinician will remain available to you during the entirety of your scheduled session. If the reason for a connection loss (i.e. technology, your phone battery dying, bad reception, etc.) occurs on your part, you will still be charged for the full session. If the loss of connection is a result of something on the clinician's end, we will call you from an alternate number; the number may show up as restricted or blocked so please be sure to answer.

Connection Loss During Video Sessions: If the connection is lost during a video session, your clinician will immediately attempt to re-engage you. If still unable to reach you, they will call you to troubleshoot the reason connection was lost. Your clinician will remain available to you during the entire course of the scheduled session. If the reason for a connection loss (i.e. technology, battery dying, bad reception, etc.) occurs on your part, you will still be charged for the full session. If the loss for connection is a result of something on the clinician's end, you can either complete the session via phone or plan an alternate time to complete the remaining minutes of our session.

Recording of Sessions: Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-therapist relationship.

Payment for Services: Arcadia Counseling Center will charge the billing information provided on the fee agreement which you completed upon intake; the fee for TAC/telehealth is the same as in-office visits. Please contact our office prior to your session should you wish to update the card on file.

In-state jurisdiction: Please be advised that clinicians can only practice telehealth in the state they are licensed. This means your primary residence must be Arizona. It is your duty to inform your clinician or ACC if your primary residence has changed or if you have permanently relocated.

Cancellation Policy: If you must cancel or reschedule an appointment, 24-hour advance notice is required, otherwise you will be held financially responsible for the full session fee. Cancellations must be communicated by phone, email, or text. Phone/video sessions should be treated as regular in-office sessions. If you are late getting on the phone, are unable to talk at our scheduled time, your battery has died and you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend our session, please know that you will be charged for the session. Please make the necessary arrangements you need to be available and present for your session.

Emergencies and Confidentiality: Your clinician requires an emergency contact for you. Please list the person's first and last name, relationship and phone number(s) of your emergency contact:

_____

(Full name) **(Phone)** **(Relationship to client)**

If a situation occurs and we get disconnected or you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at (800) 784-2433.

If your clinician has concerns about your safety at ***any*** time during a phone session, they will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in the ACC Consent for Treatment you signed, including all the confidentiality exceptions, also applies to TAC sessions.

Consent to Participate in TAC Sessions: By signing below you agree that you have read and understand all of the above sections of TAC informed consent. You agree that you understand the limitations associated with participating in TAC counseling sessions and consent to attend sessions under the terms described in this document.

_____

(Client's name) **(Date)**

_____

(Client's signature) **(Date)**

_____

(Client's name) **(Date)**

_____

(Client's signature) **(Date)**

_____

(Clinician's signature/credentials) **(Date)**