

## CONSENT FOR TELEHEALTH SERVICE

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"Telehealth service" means a health service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a client at a different physical location than the health professional using telecommunications or information technology.

Services delivered via telehealth rely on many electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health apps, and others. Please contact your health care provider for questions, concerns, clarifications, and explanations.

### **Benefits of receiving services via telehealth allows you to:**

- Receive services at times or in places where the service may not otherwise be available.
- Receive services in a fashion that maybe more convenient and less prone to delays than in-person meetings.
- Receive services when you are unable to travel to the service provider's office.
- Telehealth may help make improved progress on health goals that may not have been otherwise achievable without telecommunications.

### **Risks of receiving services via telehealth has the following risks:**

- Telehealth services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your therapist's ability to directly intervene in crises or emergencies.
- Internet connections and cloud services could cease working or become too unstable to use.
- Cloud-based service personnel, IT assistants, and malicious actors ("hackers") may have the ability to access your private information that is transmitted or stored in the process of telecommunications service delivery.
- Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.
- Interruptions may disrupt services at important moments, and your therapist may be unable to reach you quickly or using the most effective tools.

There may be additional benefits and risks to telehealth services that arise from the lack of in-person contact or presence, the distance between you and your therapist at the time of service, and the technological tools used to deliver services. You have a right to stop receiving services by telehealth services at any time.

### **Your Telecommunication Environment**

You will be responsible for creating a safe and confidential space during sessions. Please use a space that is free of other people, making it difficult or impossible for others outside the space to see or hear your interactions with your therapist during the session.

### **Communication Plan**

During the first session, a plan for backup communications will be developed in case of technology failures, and a plan for responding to emergencies and mental health crises.

Please provide 24+ hours notice via email should you need to cancel an appointment or full fee will be charged to your account.

### **Safety and Emergency Plan**

As a recipient of telehealth services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your therapist. You are required to provide the following before starting each session: the location you are receiving services, a designated contact person, providing their contact information in case of an emergency, permission for your therapist to communicate with this person about your care during emergencies.

**Security and Privacy**

You will need access to Internet service and technological tools needed to engage in telecommunications with your therapist.

Except where otherwise noted, Vicki Ray, LPC recognizes HIPAA compliance and employs software and hardware tools that adhere to security best practices and applicable legal standards to protect your privacy and ensure that records of your health care services are not lost or damaged.

As with all things in telecommunications, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your health care information. For example: when communicating with your therapist, use devices and service accounts that are protected by unique passwords that only you know.

**Recordings**

Please do not record video or audio sessions without your provider’s consent. Making recordings can quickly and easily compromise your privacy. Your provider will not record video or audio sessions, without your consent.

**CONSENT FOR TELEHEALTH SERVICE**

1. I understand that my health care provider wishes me to engage in telehealth services.
2. I have read and understand how the video conferencing technology that will be used to affect such services will not be the same as a direct client/health care provider because I will not be in the same room as my provider.
3. I understand that telehealth services are the same fees as an in-person appointment and that payment is due at each session. The therapist accepts cash, check, or credit card.
4. I understand that telehealth services have potential benefits including easier access to care and the convenience of meeting from the location of my choosing.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth services if it is felt that the videoconferencing connections are not adequate for the situation.
6. I have had a direct conversation with my provider, during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.
7. I understand that the technology service Vicki Ray, LPC will be using to conduct telehealth videoconferencing appointments is NOT an emergency service and in the event of an emergency, I will use a phone to call 911.
8. Though my provider and I may be indirect, virtual contact through a telehealth service, the telehealth service, does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services and they are not responsible for the delivery of any healthcare, medical advice or care.
9. I do not assume that Vicki Ray, LPC has access to technical information – any or all of the number of electronic, often Internet-based, technology tools including but not limited to videoconferencing software, email, text messaging, virtual environments, specialized mobile health apps, and others – or that such information is current, accurate or up-to-date and I will not rely on my health care provider to have any of this information via the telehealth services.
10. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

That I have read or had this form read and/or had this form explained to me.

That I fully understand its contents including the risks and benefits of the services provided.

That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_