

## **5. HCC Telehealth Consent**

### **Information and Informed Consent for Technology-Assisted Therapy**

#### **Technology Assisted Therapy**

Technology- Assisted Therapy includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of protected health information, and education using synchronous or asynchronous audio, video, or data communication.

#### **Identity Verification**

You will be expected to provide a copy of your driver's license and other identity verifying documentation requested by Healing Counseling Center INC. before any Technology-Assisted Therapy services are provided.

#### **Privacy and Security of Communications**

All electronic communications between you and the undersigned therapist will be transmitted using the encryption software referenced in the Consent to Treatment section below. You will be responsible to secure and protect the functionality, integrity and privacy of your hardware, files and communication. Password protection for accessing your hardware and files is recommended. If others will be accessing the same computer be aware that programs exist that copy every keystroke you make. It is recommended that you schedule your sessions with the undersigned therapist when and where you can ensure the greatest level of privacy for all communications. Be sure to full exit all programs and hardware at the end of each session.

#### **Technology- Assisted Therapy Provider**

All Healing Counseling Center INC. providers use Doxy.me a HIPAA compliant service to conduct Technology-Assisted Therapy.

#### **Risks Associated with Technology-Assisted Therapy**

There are privacy and security risks and consequences associated with Technology-Assisted Therapy despite the policies and procedures in place to guard against them. The risks and consequences include, but are not limited to, interrupted or distorted transmission of data or information due to technical failures and access or interception of your protected health information by unauthorized persons. By signing this information and consent form below you acknowledge the limitations inherent in ensuring client confidentiality of information transmitted in the Technology-Assisted Therapy and agree to waive your privilege of confidentiality with respect to any confidential information that may be accessed by unauthorized third party despite the reasonable efforts of the undersigned therapist to arrange a secure line of communication.

Technology-Assisted Therapy services and care may not be as complete or effective as face-to-face services. Healing Counseling Center INC. will continually assess the appropriateness of Technology-Assisted Therapy for

you. If your therapist determines that you would be better served by receiving different therapeutic services such as face-to-face counseling, recommendation for treatment and treatment providers or facilities will be provided to you.

### **Communication Interruptions**

If you are unable to connect with your therapist or are disconnected during a session due to a technological issue, please try to reconnect within 10 minutes. If reconnection is not possible, you can reach out to your therapist via their business phone or the main office number for Healing Counseling Center INC. (940)220-9307.

### **Consent to Treatment**

I, voluntarily, agree to receive synchronous assessment, care, treatment and services from the undersigned therapist to provide such care, treatment, or services as considered necessary and advisable.

By signing this Addendum to Client information and Consent to Treat, I, the undersigned client, acknowledge that I have read, understood and agreed to be bound by all the terms, conditions and information it contains. Opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Patient Signature::

Date::

Parent/Guardian Signature (if under 18):