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## **CLIENT GUIDE TO TELEHEALTH SERVICES**

“**Telehealth Services**” encompasses Video Therapy and Telephone Counseling. Telehealth involves the delivery of psychotherapy counseling services using electronic communications, information technology or other means between a mental health clinician employed by or otherwise contracted with the Samaritan Counseling Center. (“**Clinician**”) and a client who are not in the same physical location. Telehealth Services may be used for diagnosis, treatment, follow-up and/or education. Please note that prior to beginning Telehealth Services, new clients will be screened by phone by their Clinician to ensure suitability for this treatment modality.

The Samaritan Counseling Center is dedicated to ensuring you receive the best possible care with minimal interruptions. Many clients and clinicians are moving to Telehealth services during a national crisis and to ensure health, safety, and continuity of care. For most clients, services will return to meeting in the same physical location (the Samaritan Counseling Center office) when possible and agreed upon between the client and clinician. Please discuss the duration of Telehealth Services with your clinician.

This guide is intended to help you successfully participate in Telehealth Services. It is not exhaustive and should not replace conversations with your clinician.

### **SETTING UP FOR VIDEO THERAPY**

- To participate in Video Therapy, you will need the following technology:
  - A secure internet connection with at least 1mb of bandwidth
  - A computer or tablet with a video camera and microphone
- The Samaritan Counseling Center is utilizing Zoom to provide secure, confidential video therapy to our clients.
  - You can learn about Zoom at: [www.zoom.us](http://www.zoom.us)
- Once your appointment is scheduled, a Samaritan Counseling Center staff member will send you a link to your Zoom session along with confirmation of your Clinician’s name, the appointment date, and time.
  - You will use the same URL for all future sessions unless your clinician tells you otherwise.
- Prior to your appointment, please check your bandwidth to ensure compatibility with the platform
  - Zoom requires 1megabyte per second (1mbps) bandwidth to operate
  - This free website can help you test your internet bandwidth: [www.speedtest.net](http://www.speedtest.net)
- Please log in to the session a few minutes prior to your start time to ensure your connection is working
- Turn on your video and microphone
- Please ensure your clinician can see you
  - it is ideal to sit in a well-lit room and to have your face illuminated
  - please position the camera so that your clinician can clearly see your face

### **SETTING UP FOR TELEPHONE COUNSELING**

- Your clinician will call you at a designated phone number at the start of your session time. Please be sure your clinician knows the best number to reach you.
- Have your phone and ringer turned on to ensure you hear your clinician’s call.
- If you have not heard from your clinician within 10 minutes of the session start time, please contact her/him directly.

### **PRIVACY**

- The Samaritan Counseling Center values your confidentiality. To ensure your privacy in Telehealth Services, your clinician will connect with you from a space where she/he can reasonably ensure confidentiality and lack of interruption. Your clinician may use headphones and/or sound machines to enhance your privacy.
- To ensure your confidentiality, please set up in a private space where others will not be able to hear your conversation. Using headphones/earbuds with a microphone may help minimize what other people nearby can hear.
- Your clinician should be informed either in advance of or at the beginning of each session if someone else is in the room or will be participating in the session. Your clinician has the right to exercise her/his clinical judgment and decline to continue a session.
- To ensure the productivity of the session, please do your best to avoid interruptions. We suggest meeting privately in a

room with a closed door. It is ideal to leave pets and other household members out of this space during the session.

- For Video Therapy:
  - Only use a secure internet connection. Using public Wi-Fi may mean that other people can access your information during your session.

### **WHAT TO EXPECT IN YOUR TELEHEALTH SESSIONS**

- Your clinician is obligated to confirm your location, as she/he is typically only authorized to serve clients in a state she/he is licensed in.
  - Please check with your clinician prior to the session if you will be participating in sessions while located in a different state than your residence.
- Your clinician will work with you to ensure you have access to local crisis resources in case of an emergency and should discuss this plan with you as part of your Video Therapy treatment
- VIDEO THERAPY SESSIONS:
  - When you connect via the link sent to you, you will enter your clinician's virtual waiting room. Your clinician will be able to see when you have entered, but no other clients can see you or your information.
  - At the start of the session time, your clinician will connect with you and you should see and hear her/him.
  - If this is your initial session with this clinician, she/he will need to see your driver's license or other state-issued ID to confirm your identity. In subsequent sessions, your clinician can visually confirm your identity.

### **TROUBLE SHOOTING TECHNICAL ISSUES IN VIDEO THERAPY**

- Your clinician cannot hear you or see you?
  - Check that you have unmuted your microphone and enabled video capabilities
- You cannot connect via the link sent?
  - Ensure you are connected to the internet and have adequate bandwidth
  - Double check the link sent and try again. Call your clinician if you still cannot connect.
- Is the image pixelated or is there a delay in the video/sound?
  - Usually this clears up in a moment. If not, check that you have adequate internet bandwidth.

### **BACK UP PLAN**

- Prior to your initial Telehealth session, your clinician should establish a backup plan with you in the instance that the video therapy platform is not operational, or there is no connection for Telephone Counseling
- Typically, the backup plan may include your clinician calling you at a pre-determined phone number and/or sending you a new link for Video Therapy session.
- If you cannot connect and have not heard from your clinician within 10 minutes, you may call your clinician directly at the number provided.
- If you still are unable to reach your clinician, you may call the Samaritan Counseling Center's office at 334-262-7787.

### **ACCEPTING PAYMENT DURING TELEHEALTH SERVICES**

- Your Clinician will discuss Video Therapy and/or Telephone Counseling fees with you in advance and keep you updated on any changes to fee structure or billing practices.
- If utilizing health insurance, you are responsible for confirming coverage of Video Therapy and/or Telephone counseling prior to the sessions and for covering the cost of sessions that are not reimbursed by your insurance plan.
- Payment for Telehealth Services will be collected at the time of service by a credit card on file.

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## **CONSENT TO TELEHEALTH SERVICES**

**Client's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### **INTRODUCTION**

**“Telehealth”** (also known as “Video Therapy” and “Telephone Counseling”) involves the delivery of mental health care services using electronic communications, information technology or other means between a mental health clinician employed by or otherwise contracted with the Samaritan Counseling Center. (“**Clinician**”) and a client who are not in the same physical location.

Telehealth may be used for diagnosis, treatment, follow-up and/or education, and may include, but is not limited to:

- **Video Therapy:** counseling sessions provided via video conferencing
- **Telephone Counseling:** counseling sessions provided via telephone
- Electronic transmission of clinical records, photo images, personal health information or other data between a client and a clinician.
- Interactions between a client and clinician via audio, video and/or data communications; and
- Use of output data from clinical devices, sound, and video files.

The vendor of the electronic systems used in the provision of Video Therapy Services (Zoom) has represented that it incorporates industry standard network and software security protocols to protect the privacy and security of health information.

### **STATEMENT OF POTENTIAL RISKS AND BENEFITS**

#### **Potential Benefits of Telehealth Services**

- Can be easier and more efficient for you to access clinical care and treatment from a clinician.
- You can obtain clinical care and treatment at times that are convenient for you and your clinician.
- You can interact with a clinician outside of an in-office appointment.

#### **Potential Risks of Telehealth Services**

- Information transmitted to your clinician may not be sufficient to allow for appropriate clinical decision making by the clinician.
- The inability of your Clinician to conduct certain tests or assessments in-person may in some cases prevent the clinician from providing a diagnosis or treatment or from identifying the need for emergency clinical care or treatment for you.
- Your clinician may not be able to provide clinical treatment for your particular condition via Video Therapy or Telephone Counseling. You may be required to seek alternative care.
- Delays in clinical evaluation/treatment could occur due to failures of the technology.
- Security protocols or safeguards could fail causing a breach of privacy. If this were to occur, the Samaritan Counseling Center would notify you promptly.
- Given regulatory requirements in certain jurisdictions, your clinician’s treatment options may be limited.

**By accepting this Consent to Telehealth Services, you acknowledge your understanding and agreement to the following:**

1. I understand that the delivery of health care services via Telehealth is an evolving field and that the use of Video Therapy or Telephone Counseling in my clinical care and treatment may include uses of technology not specifically described in this consent.
2. I understand that while the use of Telehealth Services may provide potential benefits to me, as with any clinical care service no such benefits or specific results can be guaranteed. My condition may not be cured or improved, and in some cases, may get worse.
3. It is my duty to inform my clinician of other in-person or electronic interactions regarding my care that I may have with other health care clinicians.
4. I understand that my clinician may determine in his or her sole discretion that my condition is not suitable for treatment using Telehealth Services, and that I may need to seek clinical care and treatment in-person or from an alternative source.
5. A variety of alternative methods of mental health care may be available to me, and that I may choose one or more of these at any time.
6. I understand that the same confidentiality and privacy protections that apply to my other health care services also apply to these Telehealth services. My clinician cannot ensure my privacy at my location.
7. I agree that I will not record my sessions without prior written consent. Instructions for accessing my medical record have been outlined for me in the Center's Privacy Practices.
8. I agree and authorize my clinician and the Samaritan Counseling Center to share information regarding my Telehealth treatment (just as may be done with an in-person session) with other individuals for treatment, payment and health care operations purposes as allowed by law.
9. I agree and authorize the Samaritan Counseling Center and/or Zoom to provide me with technical support if I request it.
10. I understand that I can withhold or withdraw my consent at any time by emailing or providing other such written notification to my clinician with such instruction, without affecting my right to future care or treatment. Otherwise, this consent will be considered renewed upon each new Telehealth consultation with my Clinician.
11. If my health insurance provider does not reimburse for provision of Telehealth Services, I may be solely responsible for covering the costs of my Video Therapy or Telephone Counseling, as outlined in the form "Agreement for Payment and Financial Responsibilities."
12. I understand that my clinician may only utilize Video Therapy for my treatment when I am located in the state of my residence and/or in which the Clinician has authorization or licensure to practice. As such, my Clinician will ask to verify my location at the beginning of sessions.
13. I understand that I will be informed of the physical location of my clinician, and any other people present at the site.
14. I understand the need to participate in Telehealth Services from a secure, private location to the best of my ability. I will communicate any privacy limitations to my clinician at the beginning of the session.
15. I have received a Client Telehealth Guide, which can help me set up for video therapy and trouble shoot potential technical issues.

**By signing below, I indicate agreement to the following:**

- I have read this Consent to Telehealth Services form and Client Guide to Telehealth carefully and understand the risks and benefits of the use of Video Therapy and/or Telephone Counseling in the course of my treatment.
- I hereby give my informed consent for the use of Video Therapy and/or Telephone Counseling in my mental healthcare.
- I hereby authorize my Clinician to use Video Therapy and/or Telephone Counseling in the course of my diagnosis and/or treatment.

**THIS AGREEMENT/CONSENT WILL REMAIN IN EFFECT UNLESS REVOKED BY ME IN WRITING.**

**CLIENT CONSENT TO THE USE OF VIDEO THERAPY**

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

Client Signature (or person authorized to sign for Client): \_\_\_\_\_

If authorized signer, relationship to Client: \_\_\_\_\_

Date: \_\_\_\_\_