



CALLAHAN COUNSELING SERVICES

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INFORMED CONSENT FOR TELE-HEALTH SERVICES

Although Callahan Counseling Services (CCS) prefers the face-to-face service delivery model, there are, in times of emergency and other exceptional circumstances, instances when it may prove necessary to utilize interactive audio, video or other telecommunications or electronic media such as, but not limited to, phone, text, video chat, etc. This is known as Tele-Health Services (THS). When this type of technology-assisted therapy is required, please know that CCS and this therapist will take every reasonable measure, including but not limited to HIPPA compliance, encryption, individualized passwords, etc., for obtaining, protecting, verifying and controlling access to your patient data and insuring your confidentiality. However, despite these measures, you should also know that, when utilizing any type of technology-assisted therapy, there are still inherent risks, especially from your location, which may limit or compromise your confidentiality.

As a participant in Tele-Health Services, **I understand and agree with the following:**

- I understand that CCS will utilize the encrypted, HIPPA-compliant video communication application known as **Doxy.me** for video THS. I understand that CCS **will not** communicate with me about clinical issues via email or texting.
- I understand that, as usual, I am responsible for calling CCS (304-886-4118), in advance, to schedule my **Doxy.me** THS video appointment time. I understand that I will be given a secure pass code that I must then provide to the therapist when I initiate the call for my 45-50 minute THS clinical session.
- I understand that, because my therapist is only licensed to clinically practice within the state of West Virginia, my **Doxy.me** THS video sessions can only be conducted if I am physically located within the borders of the state of West Virginia.
- I understand that the information disclosed by me in the course of therapy via THS is confidential and protected by the same laws that protect my medical information. By using **Doxy.me** I understand CCS has taken the steps of utilizing an encrypted and HIPPA-compliant THS application. Despite this, I also understand that CCS cannot completely guarantee the security of any internet or cell phone-based transmission or communication. I understand that it is my responsibility for the security, privacy and confidentiality of communications at my location, during my **Doxy.me** THS video sessions. By choosing to participate with CCS in the utilization of THS, **I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT INFORMATION ON MY OWN COMPUTER AND/OR MY OWN PHONE AT MY PHYSICAL LOCATION. I ALSO AGREE TO HOLD CCS AND/OR MY THERAPIST BLAMELESS FOR ANY SECURITY, CONFIDENTIALITY OR DATA BREACHS FROM MY LOCATION.**

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- I understand that my therapist has a right to his/her privacy. Accordingly, without the expressed written consent from my therapist, I understand that **I may not record and/or publicly disseminate** any information regarding our THS sessions or communications.
- I understand that technical glitches and/or other types of disruptions in service can and do occur when using technology-based equipment. If this occurs during one of my clinical THS sessions, I understand that it is my responsibility to immediately attempt to reconnect the session by video or phone via the **Doxy.me** application.
- I understand that, **if I experience a life-threatening emergency, I will call 911 or go to the nearest emergency room. I will not attempt to contact my therapist via Doxy.me.** If I need to speak with my therapist between scheduled sessions, I will call the CCS main office at 304-886-4118 and request a call back from my therapist.
- I understand that my therapist is an observer of human behavior and gathers much information from my body language, vocal inflection, eye contact and other non-verbal cues. Given this, I understand that my therapy via THS may not yield the same results nor be as effective as face-to-face services and that the outcome of my therapy cannot be guaranteed or assured.
- I understand that THS will be used for scheduled clinical therapy sessions only. I understand that scheduling my appointments, making payment for services and questions I may have about insurance, billing and other non-clinical issues must still be addressed by calling the main office of CCS at 304-886-4118.
- I understand that the utilization of THS will be terminated and my therapy will return to face-to-face services upon the resolution of the emergent or exceptional circumstances which prompted the use of THS.

By signing this document, **I acknowledge that I understand and agree with the aforementioned bulleted points in the document, I accept the risks associated with my participation in Tele-Health Services and I hold blameless CCS and my therapist providing those THS services,** if my confidential data is compromised in any way from the use of THS.

Client Signature

Therapist Signature

Client Printed Name

Therapist Printed Name

DATE: _____

DATE: _____