

## **INFORMED CONSENT ADDENDUM FOR TELEHEALTH**

This document is an addendum to the informed consent that you signed during our first session and contains important information about telehealth. In this instance, telehealth refers to conducting counseling sessions remotely, in real-time, using the telephone or video conferencing. You will not have to purchase a plan or equipment to join our online meeting. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**Benefits.** There are a number of benefits to telehealth. We can engage in services without being in the same location. Therapy can continue without interruption when we are unable to meet in person. It can be more flexible, convenient, and can save time and travel. Research shows that telehealth is about as effective as in-person psychotherapy.

### **Risks**

*Issues related to confidentiality.* I will use a video conferencing system (e.g., Doxy.me) that meets HIPAA standards of encryption and privacy protection but I cannot guarantee privacy.

I will take reasonable steps to ensure our privacy on my end.

It is your responsibility to also protect the privacy of our session by finding a private place where you will not be interrupted, where other people are not present, and where our conversations cannot be overheard. A headset is recommended if there is concern that someone could overhear.

You should use a secure internet connection rather than public/free WIFI.

Phone calls can be intercepted either accidentally or intentionally.

*Issues related to technology.* Technology issues might impact telehealth. For example, technology may stop working during a session, delays can occur due to internet connection, or a breach of information can happen beyond our control.

If we lose our connection during our session, I will try to reach you immediately by phone, and continue trying every 5 minutes for 20 minutes. If we do not reconnect, please call the office at (352) 448-8195 or send me a message via email at [dr.amanda@morningstarmilestones.com](mailto:dr.amanda@morningstarmilestones.com) to reschedule.

### **Emergencies, Crisis Management, and Confidentiality**

Usually, I will not engage in telehealth with clients who are currently in a crisis situation that requires high levels of support and intervention. We will have an emergency response plan to address potential crisis situations that may arise during the course of our telehealth work. I will need you to provide an emergency contact person who is near your location, who I can contact in the event of a crisis or emergency to assist in addressing the situation. I will also need the address from which you are calling at the beginning of each session. In a situation where we are talking and get disconnected and you are in crisis, you agree to call 911 or go to your local emergency room immediately.

If I have any concerns about your safety at any time during a telehealth session or at a time when we get disconnected, I will need to break confidentiality and call 911 and/or your emergency contact immediately. Please note that everything in our informed consent that you signed during previously, including all the confidentiality exceptions, still applies during these sessions.

### **Appropriateness of telehealth**

I will let you know if I decide that telehealth is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

### **Limitations**

I am providing therapeutic services to you as described in the informed consent that you signed before our first session. However, it is important to note that there are limitations to telehealth counseling that can affect the quality of sessions.

These limitations include but are not limited to the following:

Sometimes I may not hear all of what you are saying (due to cellular phone limitations or poor internet connection) and may need to ask you to repeat things.

If sessions are via phone, I will not be able to see you, your body language, or your nonverbal reactions to the issues we are discussing.

To reduce the effect of these limitations, sometimes I may ask you to describe where you are, how you are feeling, thinking, and/or acting in more detail than I would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

### **Fees and Cancellations**

You should confirm with your insurance company that the telehealth sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. Please note that insurance companies do not typically reimburse for telehealth sessions, but many have made exceptions during the COVID-19 pandemic. Payment for telehealth sessions can be made by credit card through Square or check (sent to the office address).

The policy for cancellations is the same for phone sessions as for face-to-face sessions: You are expected to attend all scheduled sessions and to be on time. If you need to cancel your appointment please call the office at (352) 448-8915 NO LATER THAN 24 HOURS PRIOR to your scheduled appointment. Late cancellations and no-show fees will apply unless there is an illness or emergency, in which case please notify me ASAP in respect for others who may be on the wait list. No-show fee is typically equivalent to the full session fee of \$150.00. Please note that insurance companies do not reimburse for missed appointments.

By signing below you agree that you have read (or have had read to you) this document and had the opportunity to ask questions. You understand the risks/limitations and benefits of telehealth and agree to telehealth sessions.

You also are stating that you are aware that your therapist may contact the necessary authorities in case of an emergency. You are acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.

Below, please sign and include the names and telephone numbers of your local emergency contacts (trusted person, local crisis center hotline, and physician).

Signature (Client) \_\_\_\_\_

\_\_\_\_\_  
Print Name Date

Signature (Therapist) \_\_\_\_\_

Print Name Amanda Lawson-Ross, Ph.D. Date \_\_\_\_\_

Name of trusted family member or friend: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Name of Physician or Psychiatrist: \_\_\_\_\_

Type of Physician: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

ALACHUA COUNTY CRISIS CENTER 352-264-6789

Local Crisis Center and/or Mobile Unit Telephone number(s):

\_\_\_\_\_  
(If you are not in Alachua County, please fill in local information)