



Telehealth/Telemedicine Informed Consent

This document serves as an addendum to the existing Nick Finnegan Counseling Center Informed Consent and HIPAA Privacy Policy documents provided to every client upon intake. Clients may access these documents by visiting our website or by requesting a copy from our front desk.

I [redacted] [name of client or client's guardian] hereby consent to engaging in telemedicine at Nick Finnegan Counseling Center (NFCC) as part of my psychotherapy. I understand that "telemedicine" includes the practice of healthcare delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psychoeducation using interactive audio, video, or data communications.

By signing this form, I agree to the following:

Technology: I understand that I may need to download an application and/or software to use this platform. I also need to have an email address and a broadband internet connection or a smart phone device with a good cellular connection at home or at the location appropriate for services. I also understand that in case of technology failure, I may contact NFCC via phone to coordinate alternative methods of treatment. I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits. These services rely on technology, which allows for greater convenience in service delivery. I understand that my counselor may determine that telemedicine options are not appropriate and may provide referrals for other treatment options. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

Financial Obligations: Fees associated with telemedicine appointments are payable by credit or debit card only. If fees may be associated with my telemedicine services, I agree to have my credit/debit card information on file with NFCC. My card will be billed the same day as my scheduled telemedicine appointment. If my card is declined, NFCC will cancel my appointment and I will be charged in accordance with the cancellation policy.

- **Clients using insurance:** I am responsible for contacting my insurance company, if applicable, to determine what my out-of-pocket costs may be. NFCC may provide assistance in verifying my benefits, but I understand that it is ultimately my responsibility.
- **Self-Pay clients:** I am aware of the fees associated with telemedicine appointments and agree to pay at the time of my appointment. I understand that I am responsible for cancelled telemedicine appointments in accordance with NFCC's cancellation policy as documented by my signature on the Informed Consent.

I understand that using the Telemedicine platform allows access to mental health services that might not otherwise be available to me due to my mental health, and/or my physical, resource, or geographic limitations. Services will not begin until the identity of the client and the identity of the counselor and counselor's credentials has been established.

Scheduling: I understand that scheduling is conducted through NFCC and is based on my provider's normal clinic hours. Telemedicine appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. In the event of a crisis or mental health emergencies, the following resources are available:

- **Crisis Intervention of Houston Crisis Hotline**
24 hours / 7 days
(713) HOTLINE (adults)
(713) 529-TEEN (teens)
- **The Mental Health Authority of Harris County Crisis Hotline**
(713) 970-7000 | 1-866-970-4770
Serving Harris County 24 hours / 7 days
- **911 (Emergencies Only)**

Video/Audio Recording: As a general practice NFCC DOES NOT record Telemedicine sessions.

Storage & Maintenance of Client Data: NFCC continues to store client information in the form of Electronic Medical Records (EMR) through our existing system: TherapyNotes. Details regarding TherapyNotes' HIPAA compliance is available in our full Informed Consent. Our telemedicine technology system is Zoom Video Communications, Inc. It is HIPAA compliant and provides an encrypted and protected video link between counselor and client. This technology does not does not store ANY client data. The "invitation" to the telehealth video session will be sent via email. By signing this document, you are consenting to NFCC sending this link to your preferred email address: _____ (preferred client email address)

Confidentiality: Generally speaking, communications between a client and a counselor and records created or maintained by a counselor, are confidential. Confidentiality is described as keeping private the information shared between a client and his/her counselor. Counseling sessions at NFCC are strictly confidential. Subject to the below-discussed exceptions, information regarding your counseling sessions will not be discussed, without your permission, beyond the clinical staff at the NFCC. There are legal limits to confidentiality and times when a counselor or therapist is obligated to disclose pertinent information, as necessary, to the appropriate authorities, agencies, or individuals. Counselors are required to break confidentiality in instances of suspected or known child abuse, abuse to the elderly or disabled, or knowledge that a client is a danger to himself/herself or to someone else. Additionally, parents or legal guardians may have access to their minor child's records, unless the minor is emancipated. Provisionally licensed therapists and/or counselors (indicated by an "Associate" or "Intern" in their credentials) are required to discuss their cases with their supervisor. Additional detail regarding confidentiality can be found in NFCC's full Informed Consent and Notice of Privacy Practices. Counselors providing telemedicine sessions will do so from a confidential space and request that clients also only participate in a telemedicine session if they are in a private and confidential space.

NFCC's telemedicine platform is HIPAA compliant to protect my privacy and confidentiality.

Client or Guardian Signature

Date

Printed Name