

LiveWell Counseling, LLC
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CLIENT CONSENT FOR TELETHERAPY

WHAT IS TELETHERAPY?

Teletherapy is a subset of telehealth services that uses online, interactive videoconference software to provide mental health services from a distance. Private insurance companies in CT, NY, and many other states are required by law to cover tele mental health services. Telehealth does not include the use of fax, audio-only telephone, e-mail, or videotelephony products such as FaceTime and Skype.

SOME POTENTIAL RISKS OF TELETHERAPY

- Technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions
- Must electronically share and sign practice and consent forms and accept risks that come with transmitting information and documents over the internet

BENEFITS OF TELETHERAPY

- Less limited by geographical location and transportation concerns
- Decrease in travel time and ability to meet virtually during inclement weather conditions
- Ability to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable

ELIGIBILITY

Christine Abbott, MS, LPC is only able to provide tele therapy services to clients located in Connecticut where Christine Abbott, MS, LPC (LiveWell Counseling, LLC) holds a valid license as a Licensed Professional Counselor. New clients must present a valid ID during the initial consultation and provide a copy for the medical file. Teletherapy may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit better from another form of service (e.g. face-to-face sessions) or another provider, an appropriate recommendation will be made.

PRIVACY AND CONFIDENTIALITY

The current laws that protect privacy and confidentiality also apply to teletherapy services. Exceptions to confidentiality are described in the Notice of Privacy Practices. All existing laws regarding client access to mental health information and copies of mental health records apply. Teletherapy services are provided through the HIPAA compliant, secure software via Doxi.me. No

permanent video or voice recordings are kept from teletherapy sessions. Clients may not record or store video from sessions.

CLIENT EXPECTATIONS DURING TELETHERAPY SESSIONS

- Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers
- Internet connection with at least 750kb/s download and upload speeds
- Access to Google Chrome or Mozilla Firefox (latest release versions) web browsers
- Proper lighting and seating to ensure a clear image of each party's face
- Dress and environment appropriate to an in-office visit
- Engage in sessions in a private location where you cannot be heard by others
- Only agreed upon participants will be present; the presence of individuals unapproved by both parties will be cause for termination of the session
- Client must disclose the physical address of their location at the start of the session; unknown locations will be cause for termination of the session
- Client shall provide a phone number where they can be reached in the event of service disruption

EMERGENCY PROTOCOL

Client is to provide the name and contact information for a local emergency contact. In the case of a mental health emergency during a teletherapy session where a client is at imminent risk of harming themselves or someone else, Christine Abbott, MS, LPC (LiveWell Counseling, LLC) will contact the client's local emergency services. The contact information for the client's nearest emergency room will also be on record. Release of Information forms will be completed for necessary entities unless confidentiality must be breached to protect the safety of the client or another identified individual.

CONSENT FOR TELETHERAPY TREATMENT

I hereby consent to engage in teletherapy services with Christine Abbott, LPC. I understand that teletherapy includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Client Signature

Printed Name of Client

Date