



TRAVERSE COUNSELING & CONSULTING, GBC

TELEHEALTH SERVICES AGREEMENT AND INFORMED CONSENT

At Traverse we prioritize the relationship and meeting with clients face-to-face, however, we recognize that there are occasional circumstances that warrant a telehealth session, such as illness, childcare issues, inclement weather, etc.

Telehealth involves the use of electronic communications to facilitate mental health professionals and their clients working together through interactive video and audio communications. Telehealth includes the practice of family, individual or couple therapy, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. Teletherapy is confidential, unless Traverse explicitly arranges a different agreement. Any personal information I choose to share with my therapist(s) will be held in the strictest confidence. Traverse Counseling & Consulting will not release any information to anyone without my prior approval, or as TCC is required to do so by law and/or as required by mandated reporting laws.
2. Telehealth therapy sessions will not be recorded by myself, the therapist(s) or anyone else.
3. While Teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. I understand that Teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. I accept the distinctions made using Teletherapy vs. face-to-face psychotherapy. I understand that Traverse Therapists will recommend face-to-face therapy sessions if they feel that Teletherapy is not the best option. Some examples include clients who present with suicidality or homicidality.
4. I understand that some situations, including emergencies and crises, are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I will immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.
5. I understand that there are risks and consequences from telehealth. Risks involved with Teletherapy include the potential release of private information due to the complexities and abnormalities involved with the Internet and phone systems. Viruses and other involuntary intrusions may capture and release private information. Furthermore, there is the risk of being overheard by anyone near me if I do not place myself in a private area. The advantages are that I may be treated from any location at a mutually agreeable time. I am responsible for information security on my computer and/or phone. It is my responsibility to create an environment that is not subject to unexpected or unauthorized intrusion of my personal information. Additionally, a disruption to the internet or phone system or other technical disruptions to software or hardware could interrupt sessions. It is my responsibility to manage my internet connection to the best of my ability.
6. If my Teletherapy is part of reunification or co-parenting therapy at Traverse Counseling & Consulting, I agree to only include children or adults agreed to by all adults involved in the session (both Traverse therapists and any other adults).
7. If there is a disruption to a telehealth therapy service, the provider will discontinue the call and try and reestablish connection. If the provider is unable to reestablish a connection the session, our office will attempt to reschedule the remainder of the session at the earliest time available.
8. I understand that, for the purposes of providing mental health/family services to me/my family, Teletherapy session(s) may occur while I am in or outside the state of Minnesota. If I am outside of the State of Minnesota, I understand that my therapist(s) is governed by the Telehealth laws of Minnesota. I understand I am being provided with Telehealth services to support therapy that



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Traverse Counseling & Consulting is providing to me, a member of my family or my family. I understand and give consent to receive Telehealth services while within or outside the state of Minnesota.

9. I understand that other states may regulate telehealth differently than in Minnesota. There are circumstances in which Traverse Counseling & Consulting provides Telehealth to individuals or family members outside of the state of Minnesota:
 - 1) Continuity of or emergency mental health care for an individual who resides at least part-time in Minnesota and is traveling outside of the state of Minnesota.
 - 2) The inclusion of a family member or family members who is/are outside the state of Minnesota for the purposes of assessment, therapy and/or crisis management. It may be that this member or members of a family is or is not a resident of Minnesota.
10. We do not provide individual therapy for clients residing outside of the state of Minnesota. Should you move to another state after having worked with a therapist at Traverse Counseling & Consulting, we will assist you in the transition of your care to another provider provided you request this from your therapist at Traverse Counseling & Consulting.
11. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
12. I understand that for the purposes of providing payment for services, I will need to provide a credit card or other form of payment so that payment can be processed at or before time of service.
13. I understand that charges for telehealth will be made automatically on the day service is provided.
14. I understand that if I accrue collateral charges, those will also be charged to my credit card.
15. I understand that if I have questions about charges, I can ask my provider(s) directly about these charges.

Expectations of Client(s) and Therapist(s):

1. Let my therapist(s) know where I am at the beginning of every session so that, in the event of an emergency, the therapist is able to contact the appropriate personnel to assist me.
2. Clients and therapist are expected to be as fully present as possible. Clients and Therapist(s) will not browse email, surf the web, play video games, or text.
3. If there is a loss of connection, my therapist(s) will reinitiate the call.
4. There will be no screen shots or recordings taken unless there has been explicit consent to do so.

Helpful Hints:

1. Using earbuds or headphones during sessions can be helpful and better protect my confidentiality.
2. Try out my system before I meet with the therapist(s) to make certain I understand how to operate the software and my controls.
3. Technology has glitches. It may be helpful to place myself as close to a Wi-Fi router as possible or to plug directly into a modem to avoid these kinds of disruptions.

I have read and understand the information provided above. I have discussed any questions with my therapist(s), and all of my questions have been answered to my satisfaction.



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Client Signature

Date