

Practical Therapeutic Solutions, PLLC
Telehealth Therapy

We are in an abundance of caution due to the spread of the coronavirus, thus we are offering the option of doing therapy sessions through a HIPPA compliant web platform. We would like to make you aware of the risks and procedures of teletherapy.

Risks May Include (but are not limited to):

- Lack of reimbursement by your insurance company (please call your plan)
- The technology dropping due to internet connection issues
- Delays (buffering) due to connections or other technologies
- Breach of information that is beyond our control

Clinical Risks will be discussed in more detail with your clinician, but may include:

- Discomfort with virtual face-to-face versus in-person treatment
- Difficulties interpreting non-verbal communication
- Limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Please go to the hospital and get an assessment if you have self-harm or want to harm others.

Set up requirements for teletherapy sessions:

- Computer, tablet, or phone
- External or integrated webcam and microphone
- High speed secure internet connection, not public or free wi-fi
- The latest version of your preferred browser-Google Chrome, Safari, etc.
- Privacy – you need a confidential space with no one in listening range
- Noise needs to be at a minimum and close all other programs and windows on your device to reduce distraction and enhance connectivity
- Teletherapy sessions need to be conducted in well lit areas. Try to ensure that light sources are not behind you so that your face is in shadow. Make sure your face is fully lit and in frame during the session
- For best results, restart your computer before the call and use headphones to minimize echo. Your therapist can call you by phone to start the session and walk you through the setup, and will call you if there are any problems

By signing this document, you are stating that you are aware that your provider may contact the necessary authorities in case of emergency. You are also 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 least the nearest hospital ER or by calling 911. You are also stating that you have read this document, have had the opportunity to ask questions, understand the risks and benefits and are agreeing to telehealth sessions (CPT code includes the modifier of 95, GT) via video conferencing.

Physician or Psychiatrist Name & Number: _____

Family, Friend, or Confidant Name & Number: _____

Signature of Client & Date: _____

Printed Name of Client: _____

Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant).

Physician or Psychiatrist Name & Relationship / Telephone number(s)

Crisis Hotline and local Crisis Center Names / Telephone number(s)

Family Member Name & Relationship / Telephone number(s)

Friend Name & Relationship / Telephone number(s)

By signing this document you are declaring your agreement with the following statement: I have read this document and have had the opportunity to ask questions. I have discussed this with my

clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of GT) via video conferencing.

Signature

Date

If for minor, Parent or Legal Guardian - Signature / Date Print Name(s) if minor as well as parent/legal guardian

Clinician Signature / Print Name

Date