

Counseling with Sara, LLC

Sara Fender, LPC Intern

510 E Berkeley St

Gladstone, OR 97027

Phone/Text (971) 217-8790 / Email: counselingwithsaraf@gmail.com

Consent for Telehealth Counseling Services

I, (Name of Client) _____ agree to receive mental health counseling services in telehealth format from Sara Fender, LPC Intern (Counselor). Telehealth services include video or phone counseling formats.

I understand that telehealth counseling includes different risks and benefits than standard counseling services. Benefits may include convenience and comfort, flexibility in counseling schedule, and avoidance of exposure to illness. Risks may include, but are not limited to, the following:

- **Electronic transmission of data.** Counselor recommends using a secure video platform doxy.me, which is HIPAA-compliant. This means risks of electronic data transmission is significantly reduced, but not guaranteed. If that service is ever unavailable, Counselor recommends a phone for audio use only (land line preferred). Phone lines are not necessarily HIPAA-compliant, and therefore operate outside the standard of care for confidentiality.
- **Technological issues.** Telehealth services may be interrupted or reduced in quality due to poor reception, slow internet connection, or loss of service. (See “Interruptions” below for how to deal with these issues).
- **Loss of physical presence/connection.** Some information (such as emotional presence and body language) may not translate fully or at all through telecommunication. In some situations, this may affect the quality of the Client-Counselor connection and increase the likelihood of missed or miscommunication.
- **Increase in likelihood of casual interference.** Telehealth services often feel more casual than standard sessions. To aim for maximum benefit, Clients are encouraged to be alone in a private and quiet space, arrange for childcare (if needed), and have electronic notifications silenced or disabled on devices. Counselor asks Clients to notify her immediately if unexpected interruptions occur (i.e. someone walks into the room).

Telehealth Credentials. Counselor has received three hours of continuing education in ethics related to telehealth services.

Equipment. Clients are responsible for utilizing their own equipment and internet connection for telehealth services. For video services, Clients need access to a computer or smart phone with a camera and microphone. Please visit <https://help.doxy.me/en/articles/95857-check-in-flyer-for-patients> for details on requirements and recommendations for browser and internet connection specifics. Clients are responsible for the security of their devices and connection. Clients are encouraged to protect their devices with virus protection software, passwords, and/or encryption. Clients may find the use of a headset helpful to block out background noise or to increase privacy efforts.

Fees. Fees are the same for telehealth services as ordinary face-to-face counseling sessions. Methods for payment are relatively simple and will be provided during the first telehealth session.

Interruptions. Technology sometimes disrupts or fails completely during telehealth sessions. If the audio or video fails, the Counselor will immediately attempt to reestablish connection. If this is unsuccessful, Counselor will try to reach Client by phone/text/email to continue the session or create a plan to complete the session. If issues arise that disrupt or frustrate the flow of the counseling session, the Counselor or Client should voice concern about this issue and create a plan agreed upon by both parties. It is important to note that technological interruptions are an inherent risk of telehealth services and do not necessarily warrant additional session time. Exceptions may be made by the Counselor in extreme circumstances.

Storage. The video and audio services used by the Counselor are not recorded or saved in any way. Clients are NOT permitted to record sessions without first discussing this with the Counselor and obtaining permission to do so.

Emergencies. Clients who regularly experience or anticipate mental health emergencies are recommended to pursue standard counseling services. When that is not an option (as in a public health emergency such as COVID-19), telehealth may be considered. If a mental health emergency occurs during a telehealth session, Clients understand that the Counselor may contact the appropriate authorities and send them to the Client's location. Clients understand that the Counselor is not available for 24-hour crisis intervention or emergencies, as outlined in the Professional Disclosure Statement and stated further below in this document.

The Counselor has discussed the Professional Disclosure Statement and provided me with a copy. The Counselor has also discussed the additional disclosures for telehealth services. I understand I am encouraged to discuss questions that may come up in the future about any of the topics discussed in the Professional Disclosure Statement or in the Telehealth Informed Consent document.

I understand that I am responsible for the session fee of \$_____ due by the end of each session. I also understand I may be charged up to a full session fee if I cancel a session with less than 24-hour notice.

I understand that the Counselor is NOT available for 24-hour crisis intervention or emergencies and I have been informed who to contact if I have an emergency:

- My primary care physician
- Go to the nearest hospital emergency room
- Call the Clackamas County Mental Health Crisis Line at (503) 655-8585
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- Call 9-1-1

The Counselor has informed me about the limits of confidentiality, which include:

- Reporting suspected child abuse/elder abuse/disabled individual abuse
- Reporting imminent danger to myself or others
- Reporting information required in court proceedings or by my insurance company, or other relevant agencies
- Providing information concerning my case consultation or supervision
- Defending claims brought by me against the Counselor

I have read and understand the above information. I consent to mental health counseling in full agreement with the terms stated above and agree to bring any questions or concerns about my agreement or the services I receive to my counselor.

X _____
Signature of Client Date

X _____
Signature of Parent/Guardian (if applicable) Date

I, Sara Fender [Counselor] have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Counselor Date