

NURTURING THERAPY SERVICES, PC

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TELEHEALTH POLICIES AND CONSENT

This form is in **addition** to the regular Therapy Policies & Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must sign both to participate in Telehealth sessions. Before engaging in Telehealth an assessment/consultation will be done to assure that Telehealth is an appropriate form of counseling. This is to inform you about what you can expect regarding your participation in Telehealth counseling.

Benefits:

The benefits of Telehealth counseling are:

1. The ability to expand your choice of service provider.
2. More convenient counseling options include location, time, no driving, etc.
3. Reduces the overall cost and time of therapy due to not having to drive to and from an office.
4. Ability to have real-time monitoring and reduce the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

Limitations:

It is important to note that there are limitations to Telehealth counseling that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. Your therapist cannot see you, your body language, or your non-verbal reactions to what is being discussed.
2. Due to technology limitations, your therapist may not hear all of what you are saying and may need to ask you to repeat things.
3. Technology might fail before or during the Telehealth counseling session.
4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.

5. To reduce the effect of these limitations, your therapist may ask you to describe how you are feeling, thinking, and/or acting in more detail than your therapist would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

Logistics:

Insurance only covers Telehealth sessions that include both audio and visual connection. When we provide video counseling sessions, we will send you a link for our secure and HIPAA-compliant video session. We expect that you are available at our scheduled time and are prepared, focused, and engaged in the session. Your therapist is calling you from a private location where they are the only person in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your confidentiality. If you choose to be in a place where there are people or others who can hear you, we cannot be responsible for protecting your confidentiality.

Every effort **MUST** be made on your part to protect your confidentiality. We suggest you wear a headset to increase confidentiality and also increase the sound quality of our sessions. Please know that we cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please ensure you reduce all possibilities of interruptions for the duration of our scheduled appointment. For your safety, you cannot be operating a moving vehicle while attending your Telehealth session.

Please know that per best practices and ethical guidelines, therapists can only practice in the state(s) they are licensed. **This means you must be in the state of Iowa.** You agree to inform your therapist if your therapy location has changed or if you have relocated your residency to a different jurisdiction.

Connection Loss During Video Sessions:

If connection is lost during a video session, your therapist will call you to troubleshoot the reason connection was lost. If we cannot reach you, your therapist will remain available to you during the entire course of your scheduled session. Should you contact us back and there is time left in the session, you and your therapist can continue. If we are unable to connect again, we can plan an alternate time to reschedule the session.

Recording of Sessions:

Please note that recording, screenshots, etc. of any kind of session is not permitted and are grounds for termination of the client-therapist relationship.

Payment for Services:

Payments for services must be made at the time of service. We will charge your card on file.

Cancellation Policy:

If you must cancel or reschedule an appointment, 24-hour advance notice is required, otherwise, you will be held financially responsible. Should you cancel or miss an appointment with notification less than 24 hours this will result in being charged \$100 for your missed appointment.

If clients have more than 3 cancellations during the course of treatment/therapy the therapist and client will address the need for ongoing therapy. Should a client want to continue a client may be asked to pre-pay for sessions when they are scheduled. If the client cancels or misses the session with less than 24 hours notice and the session is pre-paid, this follows the cancellation guidelines and the payment will not be reimbursed for the missed or canceled session.

Video sessions should be treated as regular in-office sessions. If you are late getting on the phone, are unable to talk at our scheduled time, your battery has died and you are unable to access another confidential place to talk, or any other variable that would prevent you not being able to attend our session please know that you will be charged for the session. Please make the necessary arrangements you need to be available and present for your session.

Emergencies and Confidentiality:

If you and your therapist are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately, or contact the National Suicide Hotline at 800-784-2433.

If your therapist has concerns about your safety at ***any*** time during a Telehealth session, we will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during video sessions.

Consent to use Telehealth by Simple Practice Service:

Telehealth by SimplePractice is the technology service we will use to conduct Telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, you acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I, the client, will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.

4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate, or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my Telehealth appointment link with anyone unauthorized to attend the appointment.

Occasionally, Eye Movement Desensitization and Reprocessing (EMDR) therapy may be conducted through the remotEMDR technology service. This allows therapists to utilize specialized software to replicate the in-person experience of bilateral stimulation (BLS).

Consent to Participate in Telehealth Sessions:

You agree that you understand the limitations associated with participating in Telehealth counseling sessions and consent to attend sessions under the terms described in this document.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVICES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE TELEHEALTH POLICIES AND CONSENT FORM DESCRIBED ABOVE.

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