

TELEHEALTH POLICIES

This document is provided in addition to Judy Volmert's Disclosure Statement and Consent for Services in order to provide you with some specific information about your participation in telehealth counseling services. At your request and if it is therapeutically appropriate, we may make use of technology assisted telehealth tools such as telephone communications and internet enabled video and/or audio services.

The benefits of telehealth are:

- Expands Access of Service Providers particularly in rural areas
- Saves travel time and expense
- Increased availability for those who have medical limitations, disability and travel limitations
- For some, a greater ability to express thoughts and emotions

There are also **limitations** to telehealth that can affect the quality of the session(s). Some of those include but are not limited to the following:

- Technology might fail before or during the telehealth session
- Possible limitations of Confidentiality
- New Format may take time to get accustomed to
- Eye contact may not seem natural as it is face-to face
- Time delay if both parties are talking at the same time
- There are not emergency services readily available

Logistics of Audio/Video Conferencing:

Audio/Video conferencing is conducted through a HIPPA compliant platform called Doxy.me. To access your session on Doxy.me you will open a link in Chrome, Firefox or Safari: <https://doxy.me/snohomish2>. Once you click on this link, it will ask you to enable your camera and microphone. It will then ask you to sign into the "waiting room". Once there, you will wait until the provider let's you into the session at your appointed time. If this is the first time you are accessing this format and you are having difficulty, I will call you to walk you through the process.

If you do not sign into the waiting room for your appointed time, and do not show within 30 minutes, it will be considered a missed appointment and you will be charged \$100.

I will be at a private location where I am the only person in the room. You will also need to be in a private location and have no other party in the room during the session. It is important that you can not be overheard or interrupted. Please silence any phone in the room you are in. It is also not

permitted to record our session or take screen shots. If this occurs, it may be grounds for terminating our patient-therapist relationship.

It is possible that our connection could freeze or be disconnected during a session. This could be due to either of our internet connections or the platform's malfunction. Note where you are in relation to your wi-fi connection and check that you are getting a strong signal. Also have the device you are using fully charged or plugged in. If the connection is lost, wait until I refresh the screen. This usually solves the problem. If we are unable to resolve the problem, I will make several attempts to call you on the phone to complete the session. Please have the phone which you have indicated you want me to call you on readily available and ready to accept my calls (including an open mail box for me to leave a message should I not be able to get through to you). If we cannot connect due to a malfunction on my side, we will reschedule at another date for the remaining time. If the malfunction is on your side (battery died, poor reception etc.) you will still be charged for the entire session.

Please provide a main number and any alternative phone number for me to reach you at:

Payment of Services:

The same as your in-person sessions, my policy is that your payment is due at the time of each session. If you are using insurance benefits, I will charge your co-payment or co-insurance amount. You can also send an electronic check from your bank. If we had made arrangements, you can pay when I send you a statement at the end of the month.

Cancellation Policy:

If you need to cancel your appointment for any reason, you will need to do so within 24 hours of your session time. You can do this via phone or email (Judy@snohomishcounselors.com). If you do not cancel within the 24-hour window, you will be charged the late cancel fee of \$100. If you are late getting onto the audio/video call, your session will still end at the appointed time like in-office sessions.

Emergency Contact:

Should there be an emergency arise I will need to have access to someone local that you trust.

Their Name	Their Relationship to you	Their Phone Number
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If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I may be able to provide to you.

The Address Where you will be during our Audio/Video Sessions:

Street Address

Town

State

Zip

City and State of Your Local Police Department:

_____ In the unlikely situation occurs where we are talking and get disconnected and you are in crises, you agree to call 911, or go to your local emergency room immediately or contact eh National Suicide Hotline at 800-784-2433.

If I have concerns about your safety at **any** time during our phone/video session, I may need to call your emergency contact and/or your local emergency services. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still apply during phone/video sessions.

My Alternative Modes of Communication:

In case of hardware, software or other system failure, you may reach me by phone or email to coordinate our continued work together.

Email: Judy@snohomishcounselors.com

Phone: (425) 953-4360

Audio-Only Telehealth Billing:

Under Washington law, a healthcare provider may bill a client or the client's insurance for audio-only telehealth sessions only with the prior consent of the client. If you would like to have the option to engage in audio-only telehealth services, you may initial below:

_____ initial if you consent to billing for audio-only telehealth services.

Consent to Participate in telehealth Sessions:

By signing below, you agree that you have read and understand all the above sections of telehealth informed consent. You agree that you also understand the limitations associated with participating in telehealth sessions and consent to attend sessions under the terms described in this document.

Print Full Name

Signature

Date