



This document is designed to inform you about what you can expect from HBI regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to Telehealth.

Telehealth is defined as follows:

Telehealth means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.

It has been proven that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of Telehealth services in order to provide you with the highest level of care. Therefore, below are several policies and protective measures to assure your PHI remains confidential.

UNDERSTANDING THE DIFFERENT FORMS OF TECHNOLOGY-ASSISTED MEDIA

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we will take that as consent to contact you on that line, however, if this is not an acceptable way to contact you, please let me know. Telephone conversations (other than just setting up appointments) are billed at an hourly rate.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people have and utilize a cell phone and we may also use a cell phone to contact you. If you have a cell phone number and you provided us with that phone number, we will take that as consent to contact you on that line. However, if this is not an acceptable way to contact you, please let us know. Telephone conversations (other than just setting up appointments) are billed at the hourly rate.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to text because it is a quick way to convey information. **Nonetheless, please know that it is our policy to not engage in texting with clients other than through our secure electronic portal.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that counselors are required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

Email:

Email is not a secure means of communication and may compromise your confidentiality. However, we realized that many people prefer to email because it is a quick way to convey information. **Nonetheless, please know that it is our policy to not engage in emailing with clients other than through our secure system.** Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that counselors are required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

We strongly recommend that you only communicate with us through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in crisis, please do not communicate this to us via email, text, or leave any phone messages because it may not be seen in a timely manner. If you have a life-threatening emergency, please call 911 or go to your nearest emergency room.

Social Media – Facebook, Twitter, LinkedIn, Instagram, Pinterest, etc.:

It is our policy not to accept “friend” or “connection” requests from any current or former client on personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

Google, Bing, etc.

It is our policy not to search for clients on Google, Bing or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself with your counselor as you feel appropriate. If there is content on the internet that you would like to share with your counselor for therapeutic reasons, please print this material out and bring it to your session. Once again, if you are in a crisis, please do not communicate this via email because it may not be seen in a timely manner.

Simple Practice

Simple Practice is a HIPAA compliant software used by Human Behavior Institute for Telehealth video conferencing. It is more secure and confidential compared to other means of video conferencing.

Your Responsibilities for Confidentiality & Telehealth

Please communicate only through devices that you know are secure as described above. However you communicate with your counselor will be taken as implied consent that you are aware of the confidentiality risks of that mode of communication and are giving permission for our counselor to communicate with you through that means of communication.

It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree to never engage in a Telehealth session while driving a car or operating any machinery. Furthermore, you agree not to record any Telehealth sessions.

In Case of Technology Failure

During a Telehealth session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you and your counselor has that phone number.

Cost of Sessions

The cost of Telehealth sessions is exactly the same as face-to-face sessions. Insurance companies have many rules and requirements specific to certain benefits plans. Unless otherwise negotiated it is your responsibility to find out your insurance company’s policies and to file for insurance reimbursement for Telehealth services.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, table, internet or phone charges, software, headset, etc. There is an option to come to the office during office hours and utilize the Telehealth room if applicable.

Limitations to Telehealth Therapy

Telehealth services should not be viewed as a complete substitute for therapy conducted in the office. However, in extreme circumstances that prevent you from attending therapy in person, it is a vital part of the delivery of services. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your counselor may not see a tear in your eye. Or, if audio quality is lacking, your counselor may not hear the crack in your voice that they could easily pick up if you were in the office.

There may also be disruption to the service (e.g., phone gets cutoff or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Ensuring Identity for Confidentiality

If it is agreed that Telehealth services are the primary way you and your counselor choose to conduct sessions, it is important to verify your identity to ensure confidentiality. At your first session, you will be required to show a valid picture ID and another form of identity verification such as a credit card in your name. **At this time, you will also choose password, phrase, or number which you will use to identify yourself in all future sessions. This procedure prevents another person from posing as you.**

Consent to Telehealth Services

Together, we will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying your counselor in writing.

If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to the practice, and your counselor will be utilizing that technology unless otherwise negotiated by you.

Texting, Email, Phone calls, Recommendations, SimplePractice Telehealth

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that your counselor is open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Consent to use Telehealth Services by SimplePractice 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, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, call 911 or go to your nearest emergency room.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither Simple Practice 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 Simple Practice 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 Simple Practice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By checking each of the following paragraphs, and signing this form, I certify, that:

- I understand that video conferencing technology will not be the same as a direct face-to-face visit with my provider due to the fact I am not in the same room as my provider.
- I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- I have had a direct conversation with my provider during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.
- I have read or had this form read and/or had this form explained to me.
- I fully understand its contents including the risks and benefits of the procedure(s).
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND I AUTHORIZE MY THERAPIST TO UTILIZE THE TELEHEALTH METHODS WITH ME.

If the patient is a minor, this acknowledgement must be signed by a legal guardian.

Print Patient's Name: _____	Patient's Date of Birth: _____
Print Signer's Name: _____	Relation to the patient: <input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative (<i>Provide Power of Attorney</i>)
Signature: _____	Date: _____

By typing your name on the signature line and checking this box, you certify that you are legally responsible for signing and submitting this document electronically. SAVE THIS DOCUMENT TO YOUR DEVICE, ATTACH IT TO E-MAIL AND SEND TO INTAKE@HBINETWORK.COM.