

**Hudson Counseling Services, LLC**  
**INFORMED CONSENT FOR TELEHEALTH THERAPY**

The following information is provided to clients who are seeking telehealth services for mental health therapy. This document covers your rights, risks and benefits associated with receiving services, policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign once you are in agreement.

In-person therapy sessions are the primary and preferred mode of treatment at Hudson Counseling Services. However, for reasons such as inclement weather, illness, scheduling limitations, limited mobility, or public health concerns, etc., your therapist is pleased to offer the option of telehealth therapy to those whose treatment needs are consistent with the appropriateness of this type of service delivery.

**Telehealth Therapy Defined**

Telehealth therapy refers to the remote delivery of health care services via technology, assisted media. It may also be referred to as online therapy, teletherapy or telemental health therapy. This includes a wide array of clinical services and various forms of technology, which may include but are not limited to: an internet connection, telephone, a computer/tablet, and email.

**Benefits and Limitations of Telehealth Therapy Services**

While telehealth offers several advantages such as convenience and flexibility, it is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. The benefits of telehealth therapy include the convenience of location, time, and accessibility, which allows for better continuity of care.

With all technology, there are also some limitations. Technology may occasionally fail before or during a session. This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual and auditory cues. For example, if video quality is lacking for some reason, your therapist may not see various details such as facial expressions, or if audio quality is lacking, your therapist may not hear differences in your tone of voice that could have been more easily discerned if the session were in-person. In-person therapy in an office setting decreases the likelihood of interruptions, yet there are ways to minimize interruptions and maximize privacy and effectiveness.

Your therapist will take the following precautions to ensure a technologically secure and private session: utilization of **thera-LINK**, a HIPAA-compliant and encrypted video service, and accessing the internet through a private and password-protected internet/wifi network.

You as the client, are responsible for the following: finding a private and quiet location where you can participate in the teletherapy session without interruption, assessing the internet through a private and password-protected internet/wifi network, and maintaining the privacy and confidentiality of the email account to which you give us permission to links from **thera-LINK** for video sessions.

**In Case of Technology Failure**

Technological failures are a possibility during TMH sessions. Difficulties with therapist or client hardware, software, and/or services supplied by a third party may result in service disruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. In the event of a disruption, please attempt to re-establish connection via the session link provided to you for the specific appointment. If unsuccessful, the therapist will attempt to call you so please have a phone near you.

**If, for any reason, we are unable to connect and you are in an immediate crisis or a potentially life-threatening situation, get immediate emergency assistance by calling 911.**

### **Structure and Cost of Sessions**

The structure and cost of telehealth therapy sessions are the same as in-person sessions, as communicated by your therapist. All clients utilizing telehealth therapy will be required to have a debit card/credit card vaulted on file to allow for payment at time of service for any private pay fees, insurance copays or coinsurance, or balances due.

Several insurance companies with which we are contracted cover ‘telehealth’ or ‘telemedicine’ psychotherapy sessions, but not all of them. While Hudson Counseling Services will take reasonable measures to verify telehealth sessions are a covered service with your insurance company, ***it is ultimately your responsibility to know the details and benefits of your service plan. By signing the document you agree to pay for any portion of your bill not covered by insurance.***

For private pay clients, we are not obligated to use a secure video system and therefore have more freedom in how we use telehealth. This is to inform you that Face Time, Skype and standard phone calls are not secure. If you choose one of these modalities, your signature states that you understand the limitations but have freely made a choice. You also have the option to use the secure platform **thera-LINK**.

### **Audio & Video Recordings**

By signing this consent form, you agree and acknowledge that neither you as the client, nor any staff or practitioner of Hudson Counseling Services will record any part of your sessions unless there is an agreement made in writing, prior to your session.

### **Cancellation Policy**

Similar to in-person sessions, cancellations made less than a 24 hour business day notice, may be charged a \$75.00 cancellation fee.

### **Contacting Your Therapist**

If you need to reach your therapist between scheduled appointments, please call the main office number **715-808-8070** versus using email, unless otherwise agreed upon. By providing your email below and signing this document, you hereby grant permission for **thera-LINK** to send you an initial invitation to their services, subsequent emails with links to scheduled appointments, as well as appointment reminders. These emails will come from **thera-LINK** directly, and will generically identify the sender as “**HCS, LLC**”.

### **Consent To Treatment Using Telehealth Services**

*I understand that my therapist will determine on an on-going basis whether the condition being assessed and/or treated is appropriate for online therapy.*

**I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION.** I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

By signing below, I voluntarily agree to receive Telehealth services through Hudson Counseling Services, LLC. I have been offered the time and opportunity to ask questions and seek clarification of anything unclear to me, and I understand and agree to my own obligations. This consent may be withdrawn at any time by sending a written and signed notice to my therapist.

Client Name Printed: \_\_\_\_\_ Date \_\_\_\_\_

Client or Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_