



THE SIBLEY GROUP

Positive psychotherapy for families, couples & adults

TELEHEALTH VIA VIDEO CONFERENCING AGREEMENT

After intake and the establishment of a therapeutic relationship, there may be times when treatment delivery needs to occur via interactive phone or video-conferencing (i.e., virtual “face-to-face” sessions or phone sessions) in lieu of, or in addition to, “in-person” sessions. These may be during times of travel, students in college, or when a client is impacted by an injury or illness. These sessions (VC or Telehealth sessions) are charged the same rate/time as therapy sessions and are more likely than phone/video calls to be reimbursed by insurance companies, but that is not guaranteed. Telehealth is a secondary service in most instances and will be discontinued if found to be an ineffective means of treatment.

Video conferencing (VC) is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. The difference between phone calls/video calls is that they are often not reimbursed by insurance companies. While these services are supportive, they are not technically VC or Telehealth sessions. We strive to comply with the standards of Telehealth practice for both Telehealth (video and phone conferencing) sessions and phone/video calls. You will not have to purchase a plan, but you will need to provide your name when you “join” our online meeting. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state. VC may also be used within our office location (room to room) for Parent Child Interaction Therapy or other parent coaching. While we will do our best, we cannot guarantee confidentiality in sessions that occur outside of the office as we do not have control over other people who may be present.

Risks to VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face or phone sessions versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

Our email and video/phone platforms (Whats app, Facetime, Zoom, Gmail) are encrypted and meet the HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. Our computers are also password protected and proper virus protection.

In preparation for a video/phone call or telehealth session, identify yourself, find a private quiet space and provide contact number/email for the Zoom invite. You will also need to provide an emergency contact person for us to contact in case the call/video drops and there is a crisis to address, and gives the therapist permission to contact him/her if needed.. Treat the session like you would an in-person session--find a quiet place to sit, do not be in motion (driving, commuting, walking/running), and have an adequate internet connection. Reserve the full time for the session, 25-50 minutes for most sessions. If the internet connection is lost, the therapist will try within 2 minutes and if unable to reconnect, s/he will email with other times to reschedule. Charges will apply if client does not or is unable to reschedule. Client will also provide a secure place for the therapist to leave a message (phone text email etc.).

Regarding joining group via video, please understand that it is your responsibility to ensure that your child or teen is in a private space with no one else in the room in order to maintain confidentiality of all group members. A headset is recommended if there is a concern of voice being heard from another room.

By signing the document below, you are stating that you are aware that your provider may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911. Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant).

Signature of Client _____ Date _____

Signature of Parent _____ Date _____

Printed Name _____

Emergency Contact(s):

1. _____ Phone _____

2. _____ Phone _____

Signature of Therapist _____ Date _____