

Consent To Participate in Telehealth

*This consent to participate in telehealth is not a substitute for, but an addendum to Aya Psychological and Wellness Services, LLC's **Consent to Treatment**, which was completed at the initiation of services. Participation in telehealth is not a requirement for the receipt of services at Aya Psychological and Wellness Services, LLC, but you must provide your consent if you desire to take advantage of the telehealth option.*

Definition and Details:

Telehealth refers to therapy services using phone or videoconferencing. It requires that both the clinician and client have and are able to use the necessary technology and internet access. Together, you and your clinician will determine whether telehealth is a good option for you and, if so, the best approach based on your access, preference, and clinical concerns. If you will be participating in telehealth, you will receive the appropriate instructions in advance.

You are entitled to the same rights and have the same responsibilities as with face-to-face sessions. The same ethical conduct, protection of privacy, and maintenance of records, is maintained for telehealth sessions as with in-person sessions.

Benefits and Risks:

Benefits:

1. You and your clinician do not have to be in the same physical location for you to receive clinical services
2. There is no travel required to attend appointments.
3. It can be as effective as in-person therapy.
4. You can continue with psychological treatment during social distancing to limit the spread of disease.

Risks:

1. Confidentiality. Dr. King will ensure that sessions are private and confidential to the extent she can, primarily by being located in a private office space when conducting telehealth sessions with you. It is recommended that you:
 - a. choose a private and quiet place for your sessions
 - b. use a secure internet connection rather than public/free wifi to protect your privacy.
 - c. use a microphone enabled headset to increase the likelihood that only you can hear Dr. King.

Adherence to these practices is needed to help reduce any potential risks to confidentiality, which include others overhearing therapy sessions on your end or via technology-related issues (e.g., others accessing private conversations or information without your knowledge, difficulty maintaining appropriate video contact).

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Your session will NOT be recorded by Aya Psychological and Wellness Services, LLC, Dr. King, or any representative of Aya Psychological and Wellness Services, LLC, unless you provide permission to do so.

2. Interruptions during the session. (a) While privacy is a priority during telehealth, unexpected interruptions or distractions at home may be more likely to occur compared to meeting in the clinician's office. (b) Technology may unexpectedly stop working during a session. If a connection is lost, your clinician will try to reconnect with you immediately and make this attempt every 2 minutes for 10 minutes, or until your session time expires, whichever comes first. If the connection issue cannot be resolved within 10 minutes of the interruption, Dr. King will call you at the number listed as your preferred contact number. If Dr. King is unable to reconnect with you during the session time and the situation is not urgent, Dr. King will reach out to schedule the next session at a later time. *If you are disconnected from your clinician and your clinician is unable to immediately reach you during an urgent or emergency situation, your clinician may contact your emergency contact person and may call 911 if deemed necessary for your protection.*
3. Effectiveness. Telehealth has been shown to be effective. Some clients may prefer in-person sessions to, telehealth.
4. Crisis Management. Telehealth services may be offered to clients who might otherwise be seen face-to-face. We will do everything possible to ensure your safety including the following procedures to manage any potential crises:
 - a. At the beginning of each session, you will be asked to agree to the telehealth session and required to tell your clinician your specific location (and address, if different from your home address) in case of emergency.
 - b. You will be required to give your clinician the name and phone number(s) for at least one emergency contact person who may be contacted in case of emergency.
 - c. If you are at risk of hurting yourself or others, as determined by your clinician, the clinician might require that there is a responsible adult located close-by during the session. As noted above in section (b), the clinician will require you to provide the contact information of an individual who will be available during your session, in case of emergency.
 - d. If you are at high risk, the clinician will work with you to develop an emergency response plan should a potential crisis situation arise during telehealth.
 - e. In case of an active crisis during a telehealth session, or if your clinician is concerned about serious risk of harm to you or others, 911 may be called. For minor clients, a parent or legal caregiver might be instructed to bring the client to the nearest emergency department with psychiatric services.

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Financial:

Telehealth is a billable service. Under the current COVID-19 pandemic circumstances, no additional charges will be billed or associated with conducting telehealth sessions and you will be billed accordingly with fees comparable to face-to-face session fees. There may be other costs to you due to data use or technology during telehealth, and you are responsible for such costs.

Once the COVID-19 pandemic has resolved and face-to-face sessions can be safely resumed, a surcharge of 3.5% + 15¢ will be applied for telehealth sessions.

I have been advised of all the potential risks, consequences, and benefits of telehealth. My clinician has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the contents of the Consent to Participate in Telehealth.

I understand I may request a physical copy of the Consent to Participate in Telehealth at any time.

I understand that a copy of the Consent to Participate in Telehealth is available for download from the business website of Aya Psychological and Wellness Services at <https://www.ayapsychwellness.com/forms>.

I acknowledge the receipt of the Consent to Participate in Telehealth and fully understand and accept the terms of this notice.

I understand that by signing, I am providing my consent to participate in telehealth, or if I am signing on behalf of a minor, I have the legal right to do so.

I acknowledge the receipt of the Consent to Participate in Telehealth form and fully understand and accept the terms of this policy.

Signature of Patient/Legal Representative

Patient's Name (please print)

Relationship to Patient

Date

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