

Separate Telemedicine Policy

3/7/2022

Pandemic Concerns: Psychotherapists are not compelled to open their practices for face -to-face services unless they believe that they and their patients will be safe. Reasonable precautions are in place to protect both the patient and the public. Please read this carefully and let me know if you have any questions as soon as possible. It will be an agreement between us when you sign below. Attending in person sessions mean the client accepts the content and technical risks for doing so.

a. We both have a voice in deciding if sessions will be in the office or by telehealth. I agree by signing below that if I have concerns about telehealth, I will talk about it first and address the issue with my provider. I agree that telehealth sessions will not be recorded or shared outside of the therapeutic relationship. My signature below shows that I agree to these terms and conditions.

b. To obtain services in person, I agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, sickness and possible death. My failure or refusal to adhere to these safeguards may result in our starting / returning to a telehealth arrangement or ending sessions. I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

- I will only keep in-person appointments if I am symptom free.
- If my temperature is elevated (100 Fahrenheit or more), or if I have other symptoms of a virus, I agree to cancel the appointment or proceed using telehealth. If I wish to cancel for this reason, I won't be charged our normal cancellation fee.
- I can wait in my car or outside until the provider comes to get me before our appointment time if preferred.
- I will wash my hands or use hand sanitizer when entering the building. I accept responsibility for the risk if I choose not to wear a mask. Otherwise, I will wear a mask in all areas of the office.
- I will adhere to the safe distancing precautions in the waiting and therapy rooms.
- I will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) except for verbally pre-approved eye movement desensitization and reprocessing therapy.
- I will try not to touch faces or eyes with hands. If I do, I will immediately wash my hands or use sanitizer.
- If I am bringing a child, I will make sure that the child follows all of these sanitation and distancing protocols. All efforts will be made to find alternative care for children during the session.
- I will take steps between appointments to minimize our exposure.
- If a resident of my home tests positive for the infection, I will immediately let the provider know and we will then [begin] resume treatment via telehealth.
- I will let my provider know as soon as possible if there are questions or concerns about my care or treatment here at Acorn Counseling PLLC.
- I have the following concerns at this time: _____

c. My Commitment to Minimize Exposure My practice has taken reasonable steps to reduce the risk of spreading the virus within the office and will have posted efforts on our website and in the office. I wear a mask if you specifically request it or to be taken off and accept the risk of doing so and encourage you to do likewise. Offices are covered by ION air. Alcohol pads and sanitizer are available and easily accessible. Washing hands and sanitizer is required before each session. Seating and appropriate physical distancing will be practiced. Restroom soap is available. Physical contact is not permitted. Tissue and trash bins are easily accessible, and trash is disposed of frequently. Touchless thermometers and ION air will be used when they are available.

d. Confidentiality in the Case of Infection If the visit has to be reported, I accept my provider will only provide the minimum information necessary for their data collection and will not go into any details of the reason(s) for our visits. By signing this form, I am agreeing that my provider may do so without an additional signed release.

e. Telehealth expectations. Only HIPAA compliant MyClientsPlus/Jituzu platform will be used. Confidentiality in the environment is required to minimize disruptions and protect the communication. Amazon and Alexa devices are requested to be turned off, or the client accepts full risk for leaving them on. The backup plan in the event of equipment failure is to call and work it out or reschedule the session. The risks and benefits of technology have limits to confidentiality and sessions may not be as successful as in person; however, video sessions, not recorded, can facilitate support and therapy progress. There is increased responsibility by the client to present appropriately dressed and communicate during sessions or they will be ended, preferably after giving the other an opportunity to correct the situation. No information will be intentionally collected or tracked by technology. No recordings are permissible. If there are serious issues 911 is expected to be called. Sessions will be scheduled when video is deemed appropriate for both parties and all of these expectations are met. If not, the session will be ended or canceled.

Client Printed Name and Signature

Date