

Libby Supan
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Addendum to Standard Informed Consent: Telehealth Informed Consent

CLIENT EXPECTATIONS FOR TELEHEALTH

When participating in telehealth client will:

- Avoid using mind altering substances prior to session
- Dress appropriately
- Hold the session in an appropriate private room when attending a session
- Not have anyone else present in the session unless you first discuss it with your therapist.
- Not conduct other activities while in session, such as driving or moving around
- Not record sessions without first obtaining the therapist's approval
- Be located within the state in which the therapist is licensed to practice (CA)

Face-to-face:

Face-to-face telehealth sessions are held in a private location behind a closed door via the Zoom Platform. All correspondences will be done through Zoom, which is encrypted to the federal standard.

Client's Responsibilities/ Client's Protection

If you use any other methods of electronic communication outside of what has been suggested with your therapist there is a higher risk involved. With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use that are not properly used and encrypted.

Libby Supan encourages you to only communicate through Zoom. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology you use. Please contact your therapist with any questions that you may have on privacy measures.

Contact Information:

Please refrain from making contact with your therapist(s) using any social media messaging systems such as Facebook Messenger. These methods have very poor security and Libby Supan does not watch them closely for important messages from clients. Online reviews are for the public to see and therefore they would put your confidentiality at risk, please keep this in mind when making any reviews or public comments. Any text-based communication is part of your medical record.

Response Time

Libby Supan may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours on weekdays, and 72 hours on weekends. Be aware that there may be times when your therapist is unable to receive or respond to messages, such as when out of cellular range or out of town.

Emergency Contact

If you are ever experiencing an emergency, including a mental health crisis, please call 911 Or go to your nearest emergency room.

If you need to contact your therapist about an emergency, the best method is: cell phone: Libby Supan (562) 999-1263.

Cost of Sessions

The cost of your session will be discussed at the time of your appointment scheduling.

You, the client, are responsible for the cost of any technology at your location, such as a computer, device, phone, phone call charges, software, and headset.

It is our policy that clients who utilize telehealth services are required to prepay or keep a credit card authorization on file. Regular cancellation fees apply to telehealth appointments.

Video conferencing counseling sessions are held via Zoom. The link to the meeting room will be emailed to the client prior to session, unless a recurring appointment is set, in which case the link will remain static. It is recommended that you sign on to your Zoom at the start of your session time. Your therapist will contact you via the Zoom app when it is time for your appointment to begin. You may use Zoom as a phone app, or on your laptop.

Limitations of Distance Counseling

There are limits to telehealth counseling. Distance counseling:

- May lack visual and/or audio cues, which may cause misunderstanding
- May have disruptions in service and quality of technology used
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal or Homicidal thoughts
- May result in delays when using email, chat, or texting or they might not ever receive The message at all.

Emergency Management for Telehealth/Distance Counseling

So that your therapist is able to get you help in the case of an emergency and for your safety, the following are important and necessary.

You, the client, will inform your therapist of the location in which you will consistently be during our sessions, and will inform the therapist if this location changes. Location will need to be verified at each telehealth session.

You, the client, will identify, on your client information form, a person whom your therapist is allowed to contact in the case that your therapist believes you are at risk. This will become part of your crisis plan.

Depending on your therapist's assessment of risk, you, the client, or your therapist, may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if your therapist deems necessary, call 911 and/or transport you to the hospital.

In addition, your therapist may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment. This could mean disposing of dangerous or triggering items from your home.

Backup Plan in Case of Technology Failure

The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your therapist knows your phone number.

If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes your therapist will call you.

If this happens as a result of our phone or phone service, and we are not able to reconnect, you will not be charged for the session.

BY SIGNING OR E-SIGNING YOU ARE CONSENTING TO THE ABOVE MENTIONED AND TELEHEALTH SERVICES AND THE POLICY

Client(s) acknowledge that Client(s) have reviewed and fully understand the terms and conditions of the Telehealth Informed Consent.

Client(s) have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to Client(s)' satisfaction.

Client(s) agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the Therapist.

Client(s) agrees to hold the therapist, Libby Supan free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client's Name: _____

Signature _____ Date _____

Psychotherapist's Name: Libby Supan

Signature *Libby Supan* _____ Date _____