Veronica Gulezian MA, LCPC, CADC

Phone: 708-260-6776 Email: veronica@vkgcounseling.com Website: www.vkgcounseling.com

<u>Informed Consent – Teletherapy Addendum</u>

Scope:

Teletherapy services, either via telephone or through online video, were originally designed to be short-term in nature for clients addressing mild presenting issues. To ensure that the client's presenting issues were clinically appropriate for Teletherapy, the client and therapist generally met in-person for the first session to:

1) complete a mental health assessment and establish treatment goals; and 2) determine the appropriateness of Teletherapy versus in-person counseling services. After the initial set of sessions, the therapist would reassess the client and presenting issues to: 1) determine the need for further Teletherapy services upon clinical review; 2) refer for in-person services; and/or 3) refer to local community resources.

Due to Covid-19, the scope and use of Teletherapy has broadened significantly. By signing this form, any new client conducting Teletherapy sessions agrees to take responsibility for any risks associated with Teletherapy sessions and will not bring any legal action against Veronica Gulezian as the result of conducting assessments and/or sessions via Teletherapy.

Limitations:

Teletherapy services differ from in-person therapy services. Facial expressions, tone of voice, and other communication cues may be difficult to understand or interpret. Accordingly, the client's appropriateness for this service will be considered on an ongoing basis during treatment. If the client experiences a mental health crisis, such as having suicidal or homicidal thoughts, or their level of functioning merits further in-person assessment, Teletherapy services may no longer be considered appropriate. When this happens, the therapist has the right to terminate Teletherapy treatment and provide the client with appropriate referrals.

Technical difficulties can occur, such as unplanned interruptions, internet slowdown, or connection failure. Should that happen, the therapist will contact the client by telephone so that the session can be completed. Please note that Veronica Gulezian is not responsible for online technical difficulties, and sessions cannot start earlier or extend later than the allotted time. Clients are responsible for their own internet connectivity and access to any video call links. In the event that clients cannot find a session link, they are asked to text (not email) Veronica Gulezian at least 90 minutes before their session time on the day of their session in order for the therapist to give the client access to the appropriate link prior to the scheduled session time.

Procedures:

Before Teletherapy appointments are scheduled, the client and therapist have a consultation phone call to determine if the therapeutic relationship will be a good fit. If it is determined that the client and therapist can work together, that client will be sent the necessary intake paperwork in advance, through a HIPAA-compliant online portal. The client will review, complete, and sign all intake paperwork to ensure full understanding of the services available, as well as the responsibilities of the therapist and client. The client is responsible for electronically completing and returning signed and dated copies of the paperwork, along with copies of their driver's license (front and back), insurance card (front and back), and credit card (front and back) back to the therapist. The intake session cannot take place before this paperwork is completed and on file.

Once appropriateness for Teletherapy services is determined, the therapist will relay the necessary technical information for the client's sessions. If utilizing video calls, the client will be responsible for accessing and signing into a HIPAA-compliant service through either Google Meet or Psychology Today. The client must have a computer in a private setting with high-speed internet connection, as well as webcam and microphone. The therapist will be unable to fix or troubleshoot equipment issues during sessions.

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Confidentiality:

To ensure the client's confidentiality, **no other person may be present in the room or within hearing distance during teletherapy sessions**. Should this occur, or should a concern regarding confidentiality arise during the session, the therapist has the right to terminate the session immediately, **and the client will be responsible for out-of-pocket payment of the session**. In the rare event of an emergency, it will be required for all clients to provide their location in complete address form at the beginning of every Teletherapy session if their location is not the location of the client address on file.

Although Veronica Gulezian uses HIPAA-compliant telehealth portals (including an iPlum phone line), confidentiality cannot be guaranteed in the same way as it can be during in-person sessions. Please use a secure internet connection instead of free/public WiFi to assist in maintaining confidentiality.

Other Points:

All information presented in Veronica Gulezian's intake paperwork, including financial responsibilities, scheduling, cancellation policies, etc. applies to Teletherapy services. It is the client's responsibility to call beforehand and confirm that their insurance has Teletherapy benefits. If Teletherapy services are not covered by insurance, the client will be responsible for the cost of the session out-of-pocket and in-full.

Therapists are generally only able to practice in the states where they are licensed. For Veronica Gulezian, that is Illinois. If the client is not located in Illinois during a Teletherapy session, please give 24 hours' notice for the Teletherapy session to be cancelled or rescheduled. If a client informs the therapist at the beginning of a Teletherapy session that they are not currently located in Illinois, that session will have to be terminated immediately, and the client will be responsible for paying the out-of-pocket cancellation fee as insurance will not cover this cost.

Client's Responsibilities:

I will be physically present in Illinois during each session. If I am located outside of this state, I will notify the therapist at least 24 hours in advance.

I understand that if I am more than 15 minutes late to a Teletherapy session, the session will be forfeited, and I will be required to pay the out-of-pocket cancellation fee.

I understand that sessions cancelled by the client may not be available if the client wants to reinstate the session at a future time, and any cancelled session cannot be reinstated with less than 24-hours' notice. The out-of-pocket cancellation fee will still apply to any sessions cancelled with less than 24-hours' notice.

I understand that declining a session notification reminder does not count as officially cancelling a session. Cancellations are only accepted via communication through text, email, phone call, or during previous sessions with the therapist.

I understand that the therapist does not offer Teletherapy sessions while I am driving. Teletherapy sessions may be conducted while I am in my car, but the car must be parked. If it is suspected that I am driving during a session, the therapist has the right to terminate the session, and I will be required to pay the out-of-pocket cancellation fee.

I understand that recording of Teletherapy services in any form is strictly prohibited. Such recording are grounds for terminating services.

If I am receiving Teletherapy and have a substance use disorder, I understand it is required that I will not consume substances during the session, and I will participate in sessions only while sober.

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I agree to not consume substances such as alcohol, cannabis, nicotine, etc. during sessions, regardless of whether or not I have a substance use disorder.

I agree to treat Teletherapy services with the same level of professionalism and presentation as I would an in-person session.

If I experience a life-threatening crisis, I agree to contact a crisis hotline, call 911, or go to a local emergency room. I understand that if the therapist believes I am experiencing a mental health emergency, the therapist will call my emergency contact on file, and if appropriate, call 911.

I understand that the therapist will not engage in, nor conduct, therapy services by email or text message. Email and text message communication may only be used for scheduling purposes.

I agree to participate in Teletherapy <u>Consent – Teletherapy Addendum</u> a	ervices provided by Veronica Gulezian. I have read agree to the terms.	d this <u>Informed</u>
Client Signature	 Date	
Print Client Name		