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TELEHEALTH POLICIES

Telehealth is the use of electronic means through which you can receive counseling, information and guidance from an experienced psychotherapist without leaving your home or office.

The **benefits** of telehealth are:

1. The ability to expand your choice of service providers.
2. More convenient counseling options including location, travel time, travel expense, etc.
3. Increased availability of services to individuals who are unable to attend due to travel, disability, medical limitations, etc.
4. For some, a greater ability to express thoughts and emotions

It is important to note that there are **limitations** to telehealth that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. Technology might fail before or during the telehealth session.
2. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.
3. It can take time to get accustomed to a video teleconferencing format.
4. Eye contact may not be as natural as in a face-to-face session.
5. Telehealth does not provide emergency services.

Logistics for phone counseling sessions:

I will call you at our scheduled time. If you are unavailable, I will call you back several times to see if we can connect. If you remain unavailable, it will be considered a missed appointment.

Logistics for video counseling sessions:

Audio/Video counseling sessions are conducted through the HIPAA compliant platform called doxy.me. To access doxy.me, open the following link in Chrome, Firefox or Safari: <https://doxy.me/nancyadlerjones>, and we will be connected.

If you are unavailable for a video conferencing session, I will stay on-line for 15 minutes. If we still do not connect, that will be considered a missed appointment.

I will be at a private location where I am the only person in the room. You also need to be in a private location (not while driving) where you can speak openly without being overheard or interrupted by others. Please note that if others are using the same wi-fi connection, the quality of our audio/video connection can be hindered. It is best to be close to your router. Re-start your computer and close other applications prior to the session.

Connection Loss:

During Phone Sessions: If we lose our phone connection during our session, I will call you back immediately. I will make several attempts to reach you. I may call from a number you don't recognize to troubleshoot. If we successfully re-connect, we will continue the session for the time remaining. If the reason for the connection loss (i.e. phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session (or it will count as an EAP session, if applicable). If the loss of connection is a result of something on my end, we will reschedule at another date for the remaining time.

During Video Sessions: If we lose our connection during a video session, I will call you to troubleshoot the reason we lost connection. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your session we will continue. If the loss of a connection i.e. technology, battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss of connection is a result of something on my end, we can either complete our session via. phone or plan an alternate time to complete the remaining minutes of our session.

Please list your main number and an alternate number below.

Number(s)

Privacy of Sessions:

I value our mutual privacy. Please note that allowing anyone to be in the room, recording, screenshots, etc of any kind, of any session is not permitted, and may be grounds for termination of the client-therapist relationship.

Payment for Services:

Payments for services must be made at the time of each session. I will send a link to your phone that allows a payment to be made through IVYpay (preferred), or we can discuss other payment methods. If you are using your insurance benefits, I will charge your co-pay or co-insurance amount.

Cancellation Policy:

If you must cancel or reschedule an appointment, 24-hour advanced notice is required, otherwise you will be held financially responsible. Should you cancel or miss an appointment with notification less than 24 hours this will result in being charged \$100 for your missed appointment. Cancellations must be communicated by phone, NOT email or text. Phone/video sessions should be treated as regular in-office sessions. If you are late getting on the phone/video conference, are unable to talk at our scheduled time, your battery has died or you are unable to access another confidential place to talk, or any other variable where you would be unable to attend our session, please know that you will be charged for the session.

Emergencies and Confidentiality:

Emergency Contact.

Full Name	Relationship	Phone Number(s)
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Address from which you are calling and the number of your local police department including area code in the area in which you are located during the time of our call.

Street Address

City	State	Zip Code
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City and State of Local Police Department	Phone Number
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If an unlikely situation occurs where we are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433.

If I have concerns about your safety at **any** time during a phone/video-conference session, I will need to break confidentiality and call your emergency contact or your local emergency services. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still apply during phone/video sessions.

Consent to Participate in Telehealth Sessions:

By signing below, you agree that you have read and understand all of the above sections of telehealth informed consent. You agree that you also understand the limitations associated with participating in telehealth sessions and consent to attend sessions under the terms described in this document.

Print Full Name

Signature

Date