



TECHNOLOGY ASSISTED COUNSELING (TAC) CONSENT, POLICIES, & AGREEMENT

This form is in addition to the regular Therapy, Policies, Agreement and Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must sign both in order to participate in Technology-Assisted Counseling (TAC) sessions. TAC incorporates email, phone, and video counseling. Prior to engaging in TAC an assessment/consultation will be done to assure that TAC is an appropriate form of counseling. This is to inform you about what you can expect regarding your participation in TAC counseling.

Benefits:

- The ability to expand your choice of the service provider.
- Reduces the overall cost and time of therapy without the drive to/from the office.
- Ability to have real-time monitoring, reduces wait time for scheduling appointments.
- Receive services at times/places where the service may not otherwise be available.
- Receive services when you are unable to travel to the service provider's office.

Limitations:

- I cannot see you, your body language, or non-verbal reactions to our discussion.
- Due to technology limitations, I may not hear all of what you are saying and may need to ask you to repeat yourself. Interruptions may disrupt services at important moments, and I may not reach you quickly or using the most effective tools.
- Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.
- Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.

To reduce the effect of these limitations, I may ask you to describe how you are feeling, thinking, and/or acting in more detail than I would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.



Although it is well validated by research, service delivery via TAC is not a good fit for every person. I will continuously assess if working via TAC is appropriate for your case. If it is not appropriate, I will help you find in-person providers with whom to continue services.

Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns is often a part of the process. If your provider also provides services in-person and you are reasonably able to access the provider's in-person services, you will not be prevented from accessing those services if you choose to stop TAC.

Logistics:

When I provide phone/video-counseling sessions, I will call you at our scheduled time or send you a link for our secure and HIPAA compliant video session. I expect that you are available at our scheduled time and are prepared, focused, and engaged in the session. I am calling you from a private location where I am the only person in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality.

If you choose to be in a place where there are people or others can hear you, I cannot be responsible for protecting your confidentiality. Every effort MUST be made on your part to protect your own confidentiality. I suggest you wear a headset to increase confidentiality and also increase the sound quality of our sessions. Please know that I cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please note that all textual messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record.

Please know that per best practices and ethical guidelines I can only practice in the state(s) I am licensed in. That means wherever you reside I must be licensed. You agree to inform me if your therapy location has changed or if you have relocated your domicile to a different jurisdiction.



Connection Loss During PHONE Sessions:

If we lose our phone connection during our session, I will call you back immediately. Please also attempt to call me at 786-383-4942 if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you twice. 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 reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, I will call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

Connection Loss 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 reason for a connection loss i.e. technology, battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for 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.

1. _____

2. _____

Recording of Sessions:

Please do not record video or audio sessions without my consent. Making recordings can quickly and easily compromise your privacy and should be done so with great care. Your provider will record video or audio sessions.



Payment for Services:

Payments for services must be made prior to each session. I will charge your card on file or send you an invoice. Payment is to be completed prior to our session.

Cancellation Policy:

If you must cancel or reschedule an appointment, 24-hour advance 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 the full fee for your missed appointment. Cancellations must be communicated by phone; NOT email or text. If clients have more than 2 cancellations during treatment/therapy we will address the need for ongoing therapy. Should a client express and wish and/or desire to continue a client may be asked to pre-pay for sessions when they are scheduled. If the client cancels or misses the session with less than 24 hours notice and the session is pre-paid, this follows the cancellation guidelines and the payment will not be reimbursed for the missed or canceled session less than 24 hours. Phone/video sessions should be treated as regular in-office sessions. If you are late getting on the phone, are unable to talk at our scheduled time, your battery has died and you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend our session please know that you will be charged for the session. Please make the necessary arrangements you need to be available and present for your session.

Emergencies and Confidentiality:

As a recipient of TAC services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with me. I will require you to designate an emergency contact. For child clients, an emergency contact is your caregiver/parent. For adult clients, you will need to provide permission for me to communicate with this person about your care during emergencies. I will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions.



Please list the person's first and last name, relationship, and phone number(s) of your emergency contact:

Full Name: _____ Relationship: _____

Number(s): _____

I also request the address from which you are calling and the number to 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: _____

City and State of Local Police Department: _____

Phone Number: _____

If a 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 session, I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.



Consent to Participate in TAC Sessions:

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

Client's Name Date

Client's Signature Date

Eva Benmeleh, PhD Date
Licensed Clinical Psychologist #8656