

From March 16th through April 3<sup>rd</sup> Impact Health LLC will attempt to maintain continuity with your counseling sessions. Your therapist will provide remote therapy sessions at your regularly scheduled time.

You will need access to a computer, tablet, or smartphone in order to use the communication software that is fully protected. You should also arrange to be in a quiet, private space where you are comfortable talking with your therapist for the session.

In order to slow the spread of the COVID-19 (coronavirus) Impact Health LLC will be offering **remote therapy**. In addition to phone sessions, remote therapy sessions will be offered over *Doxy.me* (which works much like *Skype* or *Zoom*).

*Doxy.me* is a telemedicine video conferencing website that was created for doctors and therapists to privately and confidentially video chat with their patients. It is compliant with both HIPAA (Health Insurance Portability and Accountability Act) and the HITECH Act (Health Information Technology for Economic and Clinical Health Act).

**Note:** *Doxy.me* cannot be used for emergencies or to contact the therapist between scheduled sessions. It will not be monitored except during your appointment time. Use our phone number 973-263-0683 to contact us during business hours M-F 9-5pm. If there is an emergency, please go to your local emergency room or call 911.

### **Before you have your session**

Please fill out the attached consent form and email it to your therapist for records maintenance.

### **How to Use *Doxy.me* for Remote Therapy**

In order to start therapy:

1. Your therapist will send you a link in an email before your session.
2. Clicking on this link at the beginning of your scheduled session time will take you directly to your therapist's private, confidential *Doxy.me* account.
3. You will be prompted by *Doxy.me* to type in your name so your therapist can see that you have checked into their "waiting room."
4. After you have done this, your therapist can begin the session.

## Informed Consent for Remote Therapy Services

In order to prevent the spread of the COVID-19 (coronavirus) we will be offering remote therapy to our clients at Impact Health LLC. Please read this carefully.

### What is Remote (Telepsychology) Therapy?

Remote therapy means the remote delivering of counseling and psychotherapy services via technology-assisted media. The technology includes but is not limited to: telephone, video, internet, smartphone, tablet, PC desktop system or other electronic means.

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient Confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist provided documentation of how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cellphone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment or terms of payment arrangement that you and your therapist have discussed prior to telepsychology session.
- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

I authorize \_\_\_\_\_ of Impact Health LLC to provide remote counseling services, or when circumstances require action in my treatment, to be processed according to standard practice.

Enter Date:

Type Your Full Name Below

Enter Signature Below\*