Counseling and Trauma Services, LLC
1900 Waterdam Plaza Drive
Canonsburg, PA 15317

I _____ [name of client] hereby consent to engaging in telemedicine through Counseling and Trauma Services, LLC as part of my psychotherapy. I understand that "telemedicine" includes the practice of health care delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psychoeducation using interactive audio, video, or data communications.

- **Potential risks/benefits**
  - Benefits
    - Telehealth services rely on technology, which allows for greater convenience in service delivery, improve access to mental health specialty care, reduce delays in care, improve continuity of care and follow-up, reduce the need for time off from work, childcare services, etc., and reduce potential transportation barriers among other benefits.
  - Risks
    - There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services.

- **Privacy/security measures**
  - Confidentiality
    - The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is confidential.
    - **It is my responsibility to maintain privacy on my (the client) end of communication.**
  - Limits to Confidentiality
    - There are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim or myself; and where I make my mental or emotional state an issue in a legal proceeding.
- **Telehealth Security**
  - Counseling and Trauma Services, LLC telehealth platform is HIPAA compliant to protect my privacy and confidentiality.

- **Emergency Procedures**
  - Contact your therapist directly via phone
  - Call 911 or visit your local Emergency Department
  - Contact local mental health crisis line
    - Washington Co: 1-888-480-7283
    - Allegheny Co: 1-888-796-8226

- **Technology and Potential for Technology Failure**
    - I understand that I will have to have a broadband Internet connection and access to a webcam and microphone or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services.
    - Technology Failure Protocol:
        - In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
        - Emergencies:
            - Contact your therapist directly via phone
            - Contact local mental health crisis line
                - Washington Co: 1-888-480-7283
                - Allegheny Co: 1-888-796-8226
        - Disruption of Service:
            - Should service be disrupted: Your therapist will call you within 5 minutes of the service disruption and coordinate alternative scheduling for your session.

- **Storage of patient information**
    - Video/Audio Recording
        - Counseling and Trauma Services, LLC DOES NOT record Telemedicine sessions without prior permission.

- **Scheduling**
    - I understand that scheduling is conducted through my direct therapist and is based on my provider's offered clinic hours. Telemedicine appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. Crisis or mental health emergencies should be directed to the local county crisis line or by dialing 911.
    - If a need for direct, in-person services arises, it is my responsibility to contact my therapist directly or to contact Counseling and Trauma Services, LLC (724-579-3771) for an in-person appointment or my primary care physician if my therapist is unavailable. I understand that an opening may not be immediately available in either office.

- **Credentials of Provider**
    - I understand that my therapist is a licensed behavioral health provider in the state of Pennsylvania.

- **Financial Obligations**
    - Fees associated with telemedicine appointments are payable by HSA/HFA, credit or debit card only. If fees may be associated with my telemedicine services, I agree to provide my credit/debit/HSA/HFA card information to my therapist to charge using our secure credit card processing system, Payeezy.

- Clients using insurance: I am responsible for contacting my insurance company, if applicable, to determine what my out-of-pockets costs may be. I authorize insurance benefits to be paid directly to Counseling and Trauma Services, LLC and that Counseling and Trauma Services, LLC may release any information to my insurance provider required for processing my claims.
- Self-Pay clients: I am aware of the fees associated with telemedicine appointments and agree to pay at the time of my appointment (see fee schedule). I understand that I am responsible for cancelled telemedicine appointments in accordance with the Counseling and Trauma Services, LLC cancellation policy as documented by my signature on the Informed Consent.
- **I understand I am responsible for giving 24 hours advance notice to cancel or reschedule my session and if I do not I will be charged the missed appointment fee ($50.00).**
- If your balance exceeds $200.00 we will need to ask that you pay for services when rendered. After 60 days any unpaid balance will be charged 1.5% interest a month (18% APR). In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed.

Client Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I understand all policies and procedures outlined in the "Informed Consent" I reviewed when entering therapy are still in effect in addition to this provided information. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

_____ _____

Client Signature Date

_____ _____

Parent/Guardian Signature Date

_____ _____

Witness Signature Date