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Informed Consent for Telehealth Psychotherapy

If you are seeking telehealth psychotherapy (therapy provided by synchronous video connection), it is important to understand that I will adhere to all ethical and legal requirements of confidentiality, as stated in my Disclosure Statement. This document is an addendum to my Disclosure Statement. It is important for you to understand and agree to the following terms prior to engaging in telehealth psychotherapy.

Please read each section carefully. Informed consent is a process that begins with this information. I encourage you to ask questions, and check for your understanding. If you are agreeable to these terms and understand these terms, I will then request you sign this document. If written or verbal communication is a barrier to your understanding of this document, I will take necessary steps to ensure you understand this information.

This communication contains information about your legal rights as a client, including your rights and the restrictions associated with confidentiality and privacy. It is required by state and federal law that you are provided this information. It is your responsibility to make sure that you are choosing a therapist and a treatment method that is the best match for your needs. Washington State WAC 182- 531-1730 allows for the use of telehealth to deliver psychotherapy services by licensed clinical social workers.

Benefits & Risks of Telehealth Treatment

The same benefits and risks to treatment apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Additional risks and benefits specific to telehealth:

- Telehealth sessions will not be the same as an in-person session since we will not be in the same room together. In order to have the best results for telehealth sessions, you should be in a quiet place with limited interruptions when you start the session.
- There are potential risks to this technology, including interruptions and technical difficulties. It is important to understand that I or you can discontinue the telehealth therapy sessions if it is felt that the videoconferencing connections are not adequate for the situation.
- Please note that technology can fail on us, in potentially sensitive situations. If this happens, I will do my best to re-engage first via video, or second via phone. However, there is the risk that I will not be able to reconnect with you during session.
- I agree to inform you and obtain your consent if another person is present during the session, for any reason. You agree to inform me if there is another person present during the session or if you wish to tape the session.
- There are alternatives to a telehealth therapy sessions available, including the option of finding another provider to see in-person or via telehealth. You have the right to discontinue services at any time and I will provide referrals to other providers at your request, at no cost to you.
- It is your right to ask questions about telehealth therapy sessions at any time.

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Confidentiality

The same confidentiality protections, limits to confidentiality, and rules around records apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Professional Boundaries

The same professional boundaries apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Termination

The same standards of termination apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Additionally, understand I may decide to terminate video therapy services, if they deem it inappropriate for me to continue therapy through video sessions. In the event of this termination, you will be provided clinical rationale for this decision to terminate services.

Communication

The same standards for communication apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Electronic Records, Communication Storage, and Telephone System

The same electronic records, communication storage and telephone system policies and procedures apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Specific to telehealth, I use a HIPAA compliant telehealth platform. I have entered into a HIPAA Business Associate Agreement with the platform. Because of this agreement, the platform is obligated by federal law to protect these communications from unauthorized use or disclosure.

Fee Structure (Cost for Each Session) and Cancellation Policy

The same fee structure and cancellation policy apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Billing Practices

The same billing practices apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

Insurance Reimbursement

The same insurance reimbursement practices apply to a video therapy session as they would to an in-person session. Please see my Disclosure Statement.

It is important to understand not all insurance providers cover telehealth services. It is the responsibility of the client to contact their insurance provider (if applicable) to inquire about covered services. The client agrees to pay any charges not covered by their insurance provider.

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Safety

Client must complete a basic safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions, prior to first telehealth session.

Ethics, Professional Standards, and Client Rights

The same ethics, professional standards and client rights apply as they would to an in-person session. Please see my Disclosure Statement.

In addition, when using telehealth to provide services, my competence as a telehealth practitioner and the well-being of the client remain primary. I will continually assess the relative benefits and risks of providing psychotherapy services using telehealth. I will continually assess client familiarity and comfort with telehealth, access to the Internet, and the use of technology to meet the needs of the client.

I participate in ongoing continuing education regarding telehealth best practices, to ensure I am communicating effectively while using telehealth to provide services, handle emergency situations from a remote location, and ensure that the technology is in working order to provide effective services and avoid disruption.

This consent will last for the duration of the relationship with this provider, Approaching Authenticity, PLLC dba Regina A. BlackWolf, MSW, LICSW. Client has the right withdraw consent for telehealth therapy sessions at any time.

Confirmation of Informed Consent

With my signature, I

_____ ,

(Please print name)

acknowledge that I have read and understand this telehealth informed consent as well as the disclosure statement. I have had an opportunity to ask questions about it and be provided further explanation. I have received a copy for my records if I wish. I consent to receive psychotherapy from Approaching Authenticity, PLLC dba Regina A. BlackWolf, MSW, according to the terms described here.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Regina A. BlackWolf, MSW, LICSW, Therapist and President