

Telehealth - Teletherapy Counseling

Informed Consent

(addendum to face to face consent form)

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Termination and Referral

During the initial intake process and the first couple of sessions, I will assess if I can be of benefit to you. If you have requested teletherapy counseling, my assessment will include your suitability to psychotherapy delivered via technology. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you may contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you up to and including termination of treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request and authorize in writing, I will talk to the psychotherapist of your choice in order to help with this transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if I have your written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Risks and Benefits of Teletherapy Counseling

Benefits: Online therapy provides a number of benefits that on-ground therapy does not. The following are just some of the benefits that you might find helpful during our work together.

- Convenience of service
- Greater continuity of care
- Greater availability

Risks: Teletherapy also brings with it a number of risks that you need to be aware of. The following are some risks for you to consider before agreeing to teletherapy.

- Not as much research supporting the effectiveness of teletherapy with couples and family.
- Even with efforts to comply with the strictest encryption protocol, there is not way to fully guarantee that teletherapy will be secure.
- I cannot control whether you are keeping information confidential on your end, there can be technology failures during our session that could disrupt the flow.
- There might be limited knowledge of the use of technology.

As a client you also understand that distance therapy is a different experience as compared to in-person sessions, among those being the lack of "personal" face-to-face interactions, that lack of visual and

audio cues in the therapy process to which you may have previously come to expect. You understand that telephone/teletherapy psychotherapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that teletherapy and telephone therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts.

Communication Plans

Time Zone: The time zone that we will be using to make appointments will be central standard time.

Video Disruption: In the case that our teletherapy connection is disrupted, we will wait 30 seconds to see if it doesn't re-stabilize on its own. If connection is not re-established, will both end the session and re-login. If this doesn't work, then I will call you at your designated telephone number.

Coordination of Care: If needed, I will request an informed consent signed by you with names and numbers of those whom would be useful in coordinating your care. Upon receiving consent, I will contact these people through phone if needing additional information or needing to share information that would be beneficial to our work together.

Expectations of Communication: When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time: By phone: 913-951-9476. You may leave a message on the voicemail, which is confidential. By secure email at pdhause@mnu.edu or secure text at 913-951-9476. It is important that we be able to communicate also keep the confidential space that is vital to therapy. Please speak to me about any concerns you have regarding my preferred communication methods. I cannot promise that I will be available at all times. I do not take telephone calls when I am with a client. You can always leave a message, and I will return your call within 24 hours barring an urgent situation. When I am unavailable for an extended amount of time, you will be provided with the number of another therapist in the office. If you have an urgent crisis, I will see you as soon as I can realistically schedule an appointment. You are welcome to call me during normal business hours (9:00 am-5:00 pm) at 913-951-9476 and leave a message detailing the urgency. You can expect a return call within 60 minutes. However, my private practice is not set up to respond to truly emergent situations. If you are having an emergency and I am not available, you may choose to call 911 or to proceed to the nearest emergency department. If it is a medical emergency you may also choose to contact your medical group, primary care physician or County crisis resources. I find that telephone therapy does not work as well as face-to-face therapy. I will generally suggest a counseling session if you call with a problem that is not critical.

Social Media

Please refrain from making contact with me using social media messaging systems such as Facebook, LinkedIn, or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients. It is my policy to not have current or former clients in my social media network. It is also not my practice to look up clients on social media applications or sites. I do not accept friend requests from clients as a way to preserve the client/counselor relationship. I will also not send current or former clients friend requests.

Email and Text

In order to communicate with you by email or text message, I need to make sure you are aware of the confidentiality and other issues that arise when we communicate this way and to document that you are aware of these and agree to them.

I understand that all email messages are sent over the Internet and are not encrypted, are not secure, and may be read by others. I understand that my email communication with my therapist will NOT be encrypted and, therefore, my therapist can NOT guarantee the confidentiality and security of any information I send to him, or that he sends to me via email. I understand that SMS messages are even less secure than email, and the same conditions apply.

I understand that for this reason my therapist has advised me not to send sensitive information via email or SMS message. This includes information about current or past symptoms, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information.

I hereby give permission for my therapist to reply to my messages via email, including any information that he deems appropriate, that would otherwise be considered confidential. I agree that my therapist is not liable for any breach of confidentiality that may result from this use of email via the Internet.

I understand that my therapist will limit SMS messages to brief inquiries or responses regarding scheduling.

I understand that my therapist may at times email me information about resources that I can use as part of my treatment. I hereby consent to receive such information via email.

I understand that email and SMS communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. I understand that if I use email or SMS to make or request scheduling changes it is my responsibility to confirm that my therapist has received my communication more than 24 hours before the appointment time being changed. If I believe I need a response within 48 hours, I will not use email but will call my therapist. If I do not receive an answer to a routine email or text message within two working days, I understand that I should call my therapist.

I understand that all email and SMS communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for my therapist to communicate with me via email or SMS by notifying my therapist in writing.

Mental Health Emergencies

As someone who has opted for teletherapy, it is important that we have a strong plan in place to manage emergencies as I am not physically able to assist you. The expectation in our work is that we will collaboratively come up with a plan for managing any mental health emergencies that may occur, including designating an emergency contact person and establishing resources together in your own community that you can access, depending on the nature of your emergency.

It is also important that you know I will be continuing to assess the appropriateness of teletherapy services based upon the benefits and limitations of providing you therapy in this way. Conditions that

may cause me to consider teletherapy counseling as not being appropriate would include any degree of mental health support that you need, in which I cannot provide. An example of this would be if your mental health needs exceeded what I could provide you, to where you need regular mental health care at a hospital in your community.

As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

Privacy and Confidentiality

You agree to work with me using Teletherapy through [Zoom](#) or Doxy

Additionally,

- Text messaging via mobile phone is acceptable for appointments and housekeeping issues and can be used sparingly for support throughout the week.
- I do not store your name on my phone.
- If you call me, please be aware that unless we are both on land line phones, the conversation is not confidential.
- If you send a fax to me, my fax is secure.
- Any computer files referencing out communication are maintained using secure and encrypted measures.
- I will not respond to personal and clinical concerns via regular email.
- If you wish to use email as a way to “journal” information between sessions, you understand that I may not have the opportunity to review your journal emails until our next scheduled session.
- You understand that emails between sessions that contain confidential information will be sent via encryption.

I will make every effort to keep all information confidential. Likewise, if we are working teletherapy together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends and whether or not confidentiality from your work or personal computer may be compromised. I encourage you to only communicate through a computer that you know is safe i.e. wherein confidentiality can be ensured. Be sure to fully exit all teletherapy counseling sessions and emails.

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LB app enabled on your phone.

It is not a regular part of my practice to search for client information online through search engines such as Google or social media sites such as Facebook. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointment, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are usual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

You also understand that I follow the laws and professional regulations of the State of Kansas (USA) and the psychotherapy treatment will be considered to take place in the state of Kansas or other states to which I held a license to practice psychotherapy. Typically, I do not conduct teletherapy with clients who are physical not within the states I am licensed.

I am looking forward to meeting you online as we communicate about the challenges you have in your life. Please sign and date the Informed Consent.

Signature of Client

Date

Signature of Client

Date

Signature of Therapist

Date