

Gabe Yandell PLLC

Telehealth Consent

INFORMED CONSENT ADDENDUM FOR TELEHEALTH SERVICES

Telehealth is the practice of providing therapy (or other medical services) using technology-assisted means that allows interactive audio and video capabilities without the client and therapist being in the same physical location. Such services may include, but are not limited to, assessment, diagnosis, and treatment. Conducting therapy via telehealth is similar to using videoconferencing capabilities to conduct virtual meetings.

Risks and Benefits of Telehealth

In addition to the risks, benefits, and other information we have discussed regarding therapy, there is some information that is unique to conducting therapy via telehealth. Benefits of telehealth include the flexibility and convenience of being able to conduct sessions from your home, office, or nearly any other private location, which can increase access to services. Risks for telehealth include: (1) disruption or distortion of sessions due to technological difficulties, (2) privacy limitations that are beyond my control, but may be within your control such as other individuals that may be in close proximity to you during our session who may overhear parts of our session, and (3) potential limitations on my ability to utilize non-verbal cues or other environmental information in assessment and treatment.

It is also important to understand that telehealth is not appropriate for all clients and situations. If at any point I determine that telehealth is not clinically indicated for your situation, I will discuss with you other options and provide appropriate referrals as needed.

The laws regarding confidentiality (and the legal exceptions to confidentiality) for mental health services are the same for telehealth services as they are for in-person services the details of which are outlined in the informed consent you signed. Similarly, you may also revoke your consent for treatment or decline to continue services at any time.

Fees for Telehealth Sessions

My fees for telehealth sessions are the same as my fees for in-person sessions and are set forth in my fee agreement. Telehealth sessions may or may not be covered by your insurance company to the same extent that in-person sessions are covered. It is


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your responsibility to contact your insurance company to determine whether your policy reimburses for telehealth sessions.

Information About My Telehealth Platform: Google Meet

I conduct telehealth sessions via Google Meet, which is a secure, HIPAA compliant platform. You can access our online session via your computer, tablet, or other mobile device (i.e., cell phone). If you are using a computer, you will only need to have a Chrome browser installed. If you are using a tablet or other mobile device, you will likely want to download the Google Hangouts Meet app from the AppStore or

PlayStore. The app icon looks like this . You will access our session by clicking on the link at the time of our appointment. We will then be connected. If at any time during session we are disconnected, you may contact me at [phone number] to make arrangements for additional services or to continue the session.

Tips for Improving Your Telehealth Experience

One important part of conducting quality therapy via telehealth is your setup. Please take some time to setup the technology on your end prior to our session. This will help you make the most of our time in session and reduce the likelihood of interruptions due to technological difficulties or other setup issues. Here are some tips to maximizing the quality of our sessions:

- Ensure you have a quiet, private location that is free from distractions and where your conversation cannot be overheard by others.
- Ensure you have a quality, high speed internet connection. If you are able to stream Netflix without buffering, then usually we will have enough bandwidth to have a high quality connection without interruption due to technology issues. So this can be a good test.
- Sound quality is usually best when you use earbuds or headphones for our sessions. This can also help with privacy issues by reducing the likelihood of parts of our session being overheard by others who may be in close proximity to you.
- Adjust your camera so that you can look as directly into the camera as possible while the other person is also visible on the screen.
- If you are using a mobile device, it may be helpful to move the small box that displays the image of you (me) to the top or side of your screen so

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that it is very near the camera. This can help the quality of the eye contact during our session. Eye contact is an important part of interpersonal connection. So please understand the significance of this step.

Emergencies

When providing services via telehealth, it is important for me to have some additional information from you in case of an emergency. At the beginning of each session, I will request the physical address of your current location. This information is necessary so that I can request appropriate assistance in the case of a medical or mental health emergency. In the event of a clinical emergency (medical or mental health), I will contact appropriate law enforcement and/or medical services to render aid.

Telehealth appointments are not intended for crisis intervention services. In the case of a medical or mental health emergency, you should call 911 or go to the nearest emergency room immediately.

State Licensure

I am licensed by the State of Oklahoma as a LMFT. I am not licensed outside of the State of Oklahoma. Therefore, if you are physically located outside of Oklahoma, I will not be able to conduct any sessions with you while you are physically outside of Oklahoma.

Your signature below indicates you have reviewed, understand, and agree to the information provided above and have had the opportunity to ask any questions you may have. By signing below, you also agree that you will only access telehealth services when you are physically located within the State of Oklahoma.

Client Signature _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Client Name _____ CONFIDENTIAL

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Client Name _____ CONFIDENTIAL

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