

Ann Anderson Counseling & Consulting

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Tele-Health Therapy & communications Consent form

I, _____ am choosing to participate
Name of client Date

in Tele-Health sessions with my provider via the internet, using a video conferencing program.

- Any internet-based communication is not 100% guaranteed to be secure/confidential, even when using software that is represented as confidential and HIPAA-compliant. I agree that Ann Anderson Counseling & Consulting will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.
- I agree that I will continue to access intersession phone coaching as previously agreed upon with my Ann Anderson Counseling & Consulting provider and that, in a crisis or emergency situation, I will refer to my Crisis Plan, which I have created with my Ann Anderson Counseling & Consulting provider.
- I agree that in an escalating situation, in which I am considering seriously harming myself or someone else, Or am having a severe breakdown in my ability to function safely, I will go, or call, the nearest mental health hospital or Emergency Room.
- During sessions or other internet-based conversations, confidentiality should be treated just like an in-office session, by using a private room or space where I will not be overheard or interrupted. I agree to inform my Ann Anderson Counseling & Consulting provider immediately if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.)
- I agree I will give internet-based sessions the same focus as in-office sessions, with no outside distractions, such as cell phones or other computer programs.
- Technical problems can occur using web-based services. If a session or call is disrupted, the therapist will attempt calling back for at least ten minutes. If reconnection cannot occur, the session will be rescheduled as soon as possible.
- Online therapy sessions are one (or more) of the following:
 - Necessary due to client's inability to leave home because of medical problems or significant disability,
 - Necessary due to epidemic or pandemic conditions,
 - An informed and willing choice by a preexisting client to continue treatment through this medium.
- I agree never to audiotape or videotape or otherwise store content from our sessions, or to share such data with any third party without the knowledge and consent of Ann Anderson Counseling & Consulting to such storage and/or sharing
- If at any point my Ann Anderson Counseling & Consulting provider believes I am in an emergency situation, my provider may break confidentiality to communicate with my emergency contacts, or local emergency resources to protect my life and health, in keeping with the ethics of clinical practice. By signing this agreement, I am agreeing to abide by all the above policies and agree that I have been informed of the limitations of working in this way and will return to face-to-face sessions when the aforementioned reasons for Tele-Health have passed.

Signature of Client (Couples- both sign)

Date