

**Couple & Family Institute of Tri-Cities
Informed Consent for Telehealth/Video Conference**

(modified for COVID19 conditions 03/2020)

CFIT sessions are scheduled through Zoom, a HIPAA compliant Telemedicine software. Click on the link emailed you by your provider and Zoom will download a very small cookies program to your computer. Zoom is stable and while quite secure, we cannot promise with certainty there is no risk of intrusion or hacking. For this cause, we are informing you of this possibility and you have the right to refuse services. However, if you do sign this form you are agreeing to the risks before outlined.

If you do not receive a link via email check your spam box, if you cannot find one, please contact the office at 509-579-0200 so we can send you another link.

Confidentiality: All existing confidentiality protections under federal (HIPAA) and State law apply to information used or disclosed during your Telehealth session.

If you use any method of electronic communication with me there is a minimal chance that a third party may be able to intercept that communication. With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. I encourage you to only communicate through a computer, or any other device, that you know is safe and secure. You are responsible for reviewing the privacy settings on the device you use, as well as being aware of the agreement forms of any applications or technology you use on your device. I do not record any part of the Telehealth session using my device or the Zoom program. Please contact me with any questions that you may have on privacy measures on my device or system.

Limitations of Distance Counseling: Although research has proven the effectiveness of distance counseling, it is an alternative form of counseling with certain limitations. Please be aware of the following concerns:

- It may lack visual and/or audio cues, which may cause misunderstanding or making it difficult to hear one another.
- There may be disruptions in the service and quality of the technology used.

- It may not be appropriate if you are unable to find a private space during the session or are having a crisis, suicidal or homicidal thoughts.
- There is a small possibility that our secure connection could be hacked or safety protocols could be broken in other ways despite my efforts to create a secure connection.

To ensure your ability to contact me in case of a difficulties during a session please have a reliable phone available and provide the Clinician with the number. If you get disconnected from a video conferencing session, end and restart the session. If you are unable to reconnect within five minutes, call me on the phone number I give you to see about continuing the session.

Please be aware that all the requirements for in Office sessions also apply to Telehealth sessions, including the 48 hour no show policy and a no show fee.

*COVID19- This policy will be assessed on a case-by-case basis for Amanda Rukavina's practice until further notice. Late cancellation fees may be waived to accommodate current conditions.

By signing below, I attest that I understand the limitations and specific concerns related to Telehealth.

The Clinician has discussed with me the information provided above. I have had an opportunity to ask questions about this information and my questions have been answered. I have read and agreed to future participation in Telehealth Sessions with _____

All existing confidentiality protections under federal and state law apply to information used or disclosed during your telemedicine consultation.

Patient Name _____

Date of Birth - - - - -

Client Signature

Date

Therapist's Signature

Date

____ (Initial) I understand that I may not be able to access in Office sessions due to Social Distancing/Quarantine procedures in 2020. I understand that by refusing Telehealth sessions I may not be able to receive sessions until in Office sessions are deemed safe.

Failure to sign and return this form implies that I understand and agree I may not be provided services in the Office until precautionary measures are lifted by state officials. The Clinician will provide timely documentation about their efforts to reach me.