

Embrace Counseling and Consulting, LLC

Where Grace, Love and Hope Greet You at the Door

Use of Digital Technology

Telemental health is the process of providing psychotherapy remotely, typically utilizing HIPAA-compliant video conferencing or text-based messaging. The advantages of virtual delivery of psychotherapy include reduced stigmatization, increased convenience for patients, and improved provider efficiency.

Structure of Sessions

I offer counseling via face-to-face and video conferencing. I also utilize phone, text, and email to communicate between sessions. Distance counseling is considered any of those methods other than face-to-face. I do not see clients solely by video conferencing. If you choose to utilize the video conferencing service, we will decide on a face-to-face schedule at that time. You will be required to meet the face-to-face schedule, or I reserve the right to terminate treatment.

Video Conferencing

Video conferencing counseling sessions are held via **doxy.me**. It is user-friendly and simple to use. I will email you a link (<https://doxy.me/embracecounseling>) that you click approximately 5 minutes prior to the start of our session. A computer with webcam and microphone (built-in or external) is best, but it is possible to use a smartphone. Once you click the link you will be moved to an online waiting room. I will log in at the appointed time.

Doxy.me is fully encrypted and HIPAA compliant.

If you get disconnected from a video conferencing, end and restart the session. If you are unable to reconnect within five minutes, call me. If I do not hear from you within ten minutes, you hereby agree (unless you request otherwise) to being contacted on the phone number you provided on the client information form.

Whenever there is communication that lacks visual or audio cues there is a risk of misunderstanding. When this happens, it is important to assume that your counselor has positive regard for you, and to check out your assumptions. This will reduce any unnecessary hardship.

Client Initial: _____

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Email

Throughout the week, I may remain in contact with many of my clients via email. Most often, this is to check in or share material that I believe may be beneficial to you.

All email from lyresamcgriff.embrace@gmail.com is fully encrypted and HIPAA compliant.

Texting

Texting can be done either of two ways and the choice is yours to make. By far, the safest method to communicate via text is through a third-party application that fully encrypts client data. The application that I use is called **Qliq**. The app is free and can be downloaded to any smart phone. I will be glad to aid in installing the application.

The less safe option is the standard SMS/MMS messaging available on any cell phone. If you choose to receive and/or send text messages via standard SMS/MMS messaging, I will need you to explicitly acknowledge your consent below.

I, _____, hereby consent and state my preference to
Client Name

have my therapist under direction at Embrace Counseling and Consulting, LLC, communicate with me by standard SMS/MMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to, therapist concerns, appointments, and billing. I understand that any and all messaging initiated by either therapist or client is covered under this agreement. I also understand that standard SMS/MMS messaging is not a confidential method of communication and may be insecure. I further understand that, because of this, there is a risk that standard SMS/MMS messaging regarding my medical care might be intercepted and read by a third party.

Client Signature

Client Initial: _____

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Limitations of Distance Counseling

Distance counseling should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.

By signing this document, you acknowledge understanding that distance counseling:

- may have disruptions in the service and quality of the technology used.
- may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

Emergency Management for Distance Counseling

So that I am able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You, the client, will inform me, your therapist, of the location in which you will consistently be during our sessions, and will inform me if this location changes.
- You will identify a person this counselor is allowed to contact in the case that I believe you are at risk.
- Depending on my assessment of risk I may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call 911. In addition, I may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment with me. This may mean disposing of all firearms and excess medication from your location.

If, my therapist believes that I may be at risk, I hereby give him permission to contact

Name of Person to Contact

Phone Number of Contact

Client Initial: _____

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Backup Plan in Case of Technology Failure

The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that I know your phone number.

If you get disconnected from a video conferencing, end and restart the session. If you are unable to reconnect within five minutes, call me. If I do not hear from you within ten minutes, you hereby agree (unless you request otherwise) to being contacted on the phone number you provide on the client information form.

Please check the ways in which you are authorizing me to communicate with you:

- Video Conferencing
- Telephone
- Texting
- Email

You may, at any time during the course of your treatment, withdraw your authorization to any of these modes of treatment and/or this agreement form as a whole. Simply contact me by phone, email, or mail.

By signing below, you acknowledge that you have read, understood, and agree to accept tele-mental health services as stipulated above by, Lyresa McGriff, MA, LPC, CAMSII.

Client Name: _____

Client Signature: _____

Date: _____

Client Initial: _____