

Embrace Counseling and Consulting, LLC

Where Grace, Love and Hope Greet You at the Door

Use of Digital Technology

Tele mental 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

Embrace Counseling and Consulting offers counseling via face-to-face and video conferencing. The use of phone, text, and email to communicate between sessions is also exercised. 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. Depending upon the type of treatment that is needed for your care and well-being, you may be required to meet face-to-face. Should face to face be required to continue therapy you and/or your Therapist reserve the right to terminate treatment.

Video Conferencing

Video conferencing counseling sessions are held via **Simple Practice Telehealth Platform**. It is user-friendly and simple to use. I will email you a link 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.

Simple Practice Telehealth Platform 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. This is the preferred communication style as it is documented and can be directly uploaded to your file.

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

Texting

Texting can be done.

The less safe option is via standard Smartphone. However, you are liable for any information via text in your care. 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 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 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

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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 under direction of Embrace Counseling and Consulting, LLC believes that I may be at risk, I hereby give him/her permission to contact

Name of Person to Contact

Phone Number of Contact

Client Signature

Embrace Counseling and Consulting, LLC

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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.

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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.

Client Name: _____

Client Signature: _____

Date: _____