

# Technology Assisted Counseling (TAC) Policies, Consent, and Agreement Form

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This form is in **addition** to the Informed Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. This is to inform you about what you can expect regarding your participation in telemental health or TAC counseling.

## **Introduction of Telemental Health or TAC:**

- Telemental health is the delivery of mental health services using interactive technologies (use of audio/phone, video, or other electronic communications) between a practitioner and a client who are not in the same physical location.
- The interactive technologies used in telemental health incorporate network and software security protocols to protect confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

## ***Benefits:***

The benefits to TAC counseling are:

1. The ability to expand your choice of service provider.
2. More convenient counseling options including location, time, no driving.
3. Reduces the overall cost and time of therapy due to not having to drive to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

## ***Limitations:***

It is important to note that there are limitations to TAC counseling that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. I cannot see you, your body language, or your non-verbal reactions to what we are discussing.
2. Due to technology limitations, I may not hear all of what you are saying and may need to ask you to repeat your comment(s).
3. Technology might fail before or during the TAC counseling session.
4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.
5. To reduce the effect of these limitations, I may ask you to describe how you are feeling, thinking, and/or acting in more detail than I would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

## ***Privacy and Environment:***

Phone sessions: when I provide phone counseling sessions, I will call you at our scheduled time.

Video sessions: prior to our first video session, I will begin the registration process for your account with TherapySites (HIPAA-compliant platform). You will subsequently receive an email from them asking you to complete the registration process. Your account setup must be completed prior to our first video session. On the day of our session, you will receive a session reminder that will allow you to Check-in. Simply follow the prompts. If you should encounter any difficulties, do not hesitate to call or text me at 305-308-6145. Please make every effort to be available, prepared, focused and engaged at our scheduled time. I am calling you from a private location where I am the only person

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in the room. You also need to be in a safe, private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others can hear you, I cannot be responsible for protecting your confidentiality. I suggest you wear a headset to increase confidentiality and also increase sound quality of our sessions. Please assure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

Please know that per best practices and ethical guidelines I can only practice in the state I am licensed in. That means wherever you reside I must be licensed. You agree to inform me if your therapy location has changed or if you have relocated your domicile to a different jurisdiction.

### ***Connection Loss:***

***During Phone Sessions:*** If we lose our phone connection during our session, I will call you back immediately. Please also attempt to call me at 305-308-6145 if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you two times. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me and there is time left in your session, we will continue. If the loss for connection is a result of something on my end, I will call you from an alternate number. The number may show up as restricted or blocked; please be sure to pick it up. If the reason for a connection loss; technology, your phone battery dying, bad reception, etc. occurs on your part, please make every effort to contact me as soon as possible to plan an alternate time.

***During Video Sessions:*** If we lose our connection during a video session, I will call you to troubleshoot the reason we lost connection. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you resume connection and there is time left in your session, we will continue. If we are unable to reconnect, we can either complete our session via phone or plan an alternate time to complete the remaining minutes of our session.

### ***Recording of Sessions:***

Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-therapist relationship.

### ***Payment for Services:***

If you are using insurance or and Employee Assistance Program (EAP), your benefits may or may not cover telemental health. It is your responsibility to contact your insurer in advance to verify whether your plan covers telemental health sessions for psychotherapy. Any payment/copayment will be due at the time of our session.

### ***Cancellation Policy:***

Phone/video sessions should be treated as regular in office sessions. Please refer to the Cancellation Policy described in the Informed Consent.

### ***Emergency Protocol:***

If a situation occurs where we are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433. If I have concerns about your safety at **any** time during a phone session, I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area

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you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.

***Consent to Participate in Telemental Health/TAC Sessions:***

By signing below you agree that you have read and understand all of the above sections of TAC informed consent. You agree that you also understand the limitations associated with participating in TAC counseling sessions and consent to attend sessions under the terms described in this document.

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Print Full Name

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Signature

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Date

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Print Full Name

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Judith Roberts, Ph.D., LMHC

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Date