

Juniper Campbell, LPC

Patient Information and Informed Consent for TeleCounseling Services

TeleCounseling is providing therapy/counseling services using interactive audio and visual (video) electronic systems where the provider and the patient are not in the same physical location. The interactive electronic systems incorporate network and software security protocols to protect patient information and safeguard the data exchanged.

Requirements: A computer and a webcam with microphone to video conference using a HIPAA compliant online company specializing in telemedicine.

As with any medical procedure, there may be potential risks associated with the use of TeleCounseling. These risks include, but may not be limited to:

- Therapy conducted online is technical in nature and problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the provider, and the provider makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, the clinician will call the patient back at the phone number provided on your intake form. If a telephone call is required, the patient will need to verify their name, date of birth and address to confirm their identity prior to beginning the telephone session.
- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision making by the psychiatrist or therapist.
- The provider may not be able to provide treatment to the patient using interactive electronic equipment, or provide for or arrange for emergency care that the patient may require, in cases of connection failure.
- Delays in evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Although highly unlikely, security protocols can fail, causing a breach of privacy of confidential medical information.
- A lack of access to all of the information that might be available in a face to face visit, but not in a TeleCounseling session, may result in errors in provider judgment.

My Rights

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to TeleCounseling.

- I understand that the technology used by the provider is encrypted to prevent the unauthorized access to my private medical information.
- I have the right to withhold or withdraw my consent to the use of TeleCounseling during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- I understand that the provider has the right to withhold or withdraw her consent for the use of TeleCounseling during the course of my care at any time.
- I understand that all the rules and regulations which apply to the practice of medicine in the state of Arizona also apply to TeleCounseling.
- I understand that the provider will not record any of our TeleCounseling sessions without written consent. The provider will not allow any other individual to listen to, view, or record my TeleCounseling session without my express written permission.

My Responsibilities

- I agree to take full responsibility for the security of any communications or treatment information involved with my own computer and with my own physical location.
- I understand that I am solely responsible for maintaining the strict confidentiality of my user ID and password and I will not allow another person to use my user ID to access the Services. I also understand that I am responsible for using this technology in a secure and private location, so that others cannot hear my conversation.
- I understand that the company that Juniper Campbell, LPC has chosen to conduct the online appointment is an independent company specializing in HIPAA compliant telemedicine. My therapist has no responsibility for that company's operations or security of my protected health information. If I am receiving any unwanted communication from the company, I will call/contact the company directly and address my concerns with them.
- I will not record any TeleCounseling sessions without written consent from the provider. I will inform the provider if any other person can hear or see any part of our session before the session begins.
- I have read and understand all of the clinic policies of Juniper Campbell, LPC, and that they apply to all telemedicine as well as all in-person visits.
- I consent to paying fees that are the same as an in-office visit for the type and length of service provided, through the billing department for Juniper Campbell, LPC.
- I understand that a TeleCounseling appointment is scheduled the same as an in-office appointment would be, and should I not be available for the appointment, or cancel it

less than 24 hours in advance, I may be charged for a missed appointment for the time Juniper Campbell, LPC has reserved for the scheduled appointment. The fee may be dismissed at the discretion of Juniper Campbell, LPC

In the event of an emergency and it is outside of a scheduled appointment or office hours or communication via internet or telephone is prohibited, please call 911 or go to your nearest emergency room.

Patient Consent to the Use of TeleCounseling

I have read and understand the information provided in the preceding pages regarding TeleCounseling. I have discussed this information with Juniper Campbell, LPC and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of TeleCounseling in my medical care and authorize the provider to use TeleCounseling in the course of my diagnosis and treatment.

Client name (print): _____ Date: _____

Client signature: _____ Date: _____

Juniper Campbell, LPC: _____ Date: _____