

Consent for Treatment with Tele-Mental Health

I understand by signing this form, I am consenting for treatment via tele-mental health. Research has shown that tele-mental health is an effective form of therapy.

I understand that the provider, Tiffany Lewis LPC, of Grace Counseling Services PLLC has a Business Associate Agreement with doxy.me to provide us with HIPAA and HITECH compliant tele-health services. I understand that by law, both the provider and tele-health services provider are required to protect my PHI (Protected Health Information).

I understand that the contents of my session are still in compliance with HIPAA for confidentiality with the exception of threat of harm to self, harm to others or any reported child abuse. I understand that due to the nature of tele-health, I must provide a verified emergency contact that will be used in the case of any emergency as deemed by Tiffany Lewis. I also understand that I must also provide my physical location that may also be shared with emergency personnel or my emergency contact in the case of an emergency as deemed necessary by Tiffany Lewis.

I understand that using tele-health does present unique situations as compared to a face to face session in the office. I understand that it is my duty to make sure my environment is safe and secure for the session. I understand that my provider, Tiffany Lewis, is also meeting with me from a safe and secure location. I understand that headphones are recommended to ensure more privacy both for the client and the provider. I agree that I will not record either through video recording or voice recording the contents of the session. I understand that my provider, Tiffany Lewis, is also not recording any of our sessions.

I understand that if my insurance does not cover tele-health, I am fully responsible for the fees as set forth by Grace Counseling Services PLLC. I understand I have the right to decline or terminate tele-health services at any time by notifying my provider. I understand that if I decline tele-health services, it in no way jeopardizes my access to face to face sessions in the future.

I understand tele-health may utilize other means of electronic communication including email that may not be with HIPAA compliant email providers. I understand it is my duty to ensure my information is protected on the client end by safe guarding my passwords and limiting access to any devices that may carry the information.

I understand the laws and professional standards that apply to face to face therapy also apply to tele-health sessions. This document does not replace or negate any other document I have signed with the provider.

I understand that although technology is useful, there are events that occur that are out of the control of myself and the provider, Tiffany Lewis. In the event our connection is interrupted, I understand that Tiffany Lewis will first attempt to call me at the number I provided. If after 5 minutes we have not connected via phone, I will attempt to call my provider, Tiffany Lewis, at her work number **(601) 580-2240**. If possible, we will try again at tele-health video connection. In the case of an emergency and our connection is disrupted or my provider is unavailable, I understand I am to call 911 or go to my nearest ER.

Client/Parent/Guardian Signature

Date