

**Milford, CT**

**TELEHEALTH AND TECHNOLOGY**  
**COMMUNICATION - POLICY AND INFORMED**  
**CONSENT**

COMMUNICATION VIA TEXT, EMAIL, CELL, AND ANY OTHER TYPE OF PHONE.

This is to inform you of the benefits and risks involved in utilizing the above forms of communication and therapy sessions.

The benefits of telehealth are:

- More convenient and accessible
- Time efficient
- Reduces travel time and related costs

Limitations/risks:

It's crucial to ensure compliance with HIPPA for your protection. You must be informed of the risks inherent in the use of technology (computers for emails and phones for texting, talking, voice messages, and emails). Determine your comfort level in utilizing them. There are limitations for both of us in protecting your confidentiality due to potential breaches of your personal data.

- I cannot see you, your body language, or your non-verbal reactions to what we are discussing in the same way I could
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in person. Experiential, somatic, and energy medicine interventions are limited.

- Technology might fail before or during the therapy session.

**Telehealth session protocol:**

When I provide phone/video counseling sessions, I will call you at our scheduled time or send you a link for our secure and HIPAA-compliant video session. I expect you to be available at our scheduled time and prepared, focused, and engaged in the session. Notifications on the device being used must be silenced. I am calling you from a private location where I am the only person in the room. You also need to be in a 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 who can hear you, I cannot be responsible for protecting your confidentiality. Every effort **MUST** be made on your part to protect your own confidentiality. I suggest you wear a headset to increase confidentiality and also increase the sound quality of our sessions. Please know that I cannot guarantee the privacy or

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confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or

intentionally. Please ensure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

**Connection Loss During Sessions:**

If we lose our telehealth connection during your session, first, attempt to rejoin the link, and secondly, if there is a disruption to our connection, then I expect you to call me on my **office phone: 203-878-3140 to rectify the problem.**

If we are unable to reach each other due to technological issues, I will attempt to call you one time. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your session we will continue. If the reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the connection loss results from something on my end, I will call you from an alternate number, send an email, or contact you when I can reconnect. The number may show up as restricted or blocked please be sure to pick it up.

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***Consent to Participate in TELEHEALTH Sessions and Electronic Communication:***

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

**Client's Name:**

**Client's Signature:**

**Date:**

**Client's Name:**

**Client's Signature:**

**Date:**