

TECHNOLOGY ASSISTED COUNSELING (TAC) CONSENT, POLICIES, and AGREEMENT

This form is in addition to the regular Therapy, Policies, Agreement and Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must sign both in order to participate in Technology Assisted Counseling (TAC) sessions.

Benefits:

The benefits to TAC counseling are:

1. The ability to be at any location with privacy and comfort to conduct your session.
2. More convenient counseling options including location, time, no driving, etc.
3. Reduces the overall cost and time of therapy due to not having to drive to and from an office.
4. 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 your non-verbal reactions to what we are discussing, but it is amazing the nuances that can be picked up telephone with my trained ear.
2. Technology might falter before or during the TAC counseling session, but this is rare and can easily be remedied.
3. Although every effort is made to reduce confidentiality breaches, a breach could occur for various reasons, like someone hacking into the call. Notably, this is a far reaching and highly unlikely situation.

Logistics:

When I provide phone/video-counseling sessions, I will call you at our scheduled time. I expect that you are available at our scheduled time and are prepared, focused and engaged in the session. 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 can hear you, I cannot be responsible for protecting your confidentiality. Every effort needs to be made on your part to protect your 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 confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. 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(s) I am licensed in. That means wherever you reside I must be licensed. You agree to inform me if your therapy location has changed.

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 if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you back. 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 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.

Lakeshore Psychology Services
1045 W. Glen Oaks Ln, Ste 205, Mequon, WI 53092

Payment for Services:

Lakeshore Psychology Services LLC accepts insurance reimbursements as payment for service. I will verify benefits to the best of my ability before your initial appointment. The client is responsible for obtaining any necessary preauthorization and for notifying me of any changes to your insurance. The client is responsible for all charges that are not covered by insurance which we charge via credit card for your convenience.

Cancellation Policy:

If you must cancel or reschedule an appointment, please give as much notice as possible. At least 24-hour advance notice is required, otherwise a full session fee will be assessed for either a late cancellation (less than 24 hour notice) or a missed appointment.

Emergencies and Confidentiality:

I request an emergency contact for you. Please list the person's first and last name, relationship and phone number(s) of your emergency contact:

Full Name Relationship Number(s)

I also request the address from which you are calling and the number to your local police department including area code in the area in which you are located during the time of our call.

Street Address

City State Zip Code

City and State of Local Police Department Phone Number

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 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 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.

I have read, understand and agree to the INFORMED CONSENT outlined herein.

Email: _____

Primary Client date

Partner/Spouse or Parent date