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## Teletherapy Consent, Policies, & Agreement

This form is in **addition** to the regular Policies, Informed Consent, and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA and you must sign all forms to participate in Telehealth sessions. Telehealth sessions incorporates the use of email, phone, and face-to-face counseling by electronic methods. Prior to your first telehealth session, an assessment/consultation will be done to assure that distance counseling is an appropriate form of counseling for you. This is to inform you about what you can expect regarding your participation in telehealth counseling.

### Benefits:

The benefits to telehealth counseling are:

1. The ability to expand your choice of service provider.
2. More convenient counseling options including location, time, no driving, etc.
3. 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 telehealth counseling that can affect the quality of your session(s). These limitations include but are not limited to the following:

1. I cannot fully 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 things.
3. 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 an in-person session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during an in-person session.

### Logistics:

When I provide phone/video-counseling sessions, I will call you at our scheduled time or email you link for our secure HIPAA compliant video session. In the event of a public health emergency, telehealth HIPAA restrictions may change and I will inform you of these changes prior to your first telehealth session. In the event that your session has a connection difficulty, I may resume our session via phone call or Facetime. However, please be advised that email, phone, and Facetime is not a HIPAA compliant platform and I cannot guarantee your confidentiality. I expect that you are available at our scheduled time and are prepared, focused, and engaged in the session as we normally would be during in-person 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 **MUST** be made on your part to protect your own confidentiality. I suggest you wear a headset to increase confidentiality and also increase sound quality of our sessions. Please know that I cannot guarantee the privacy or confidentiality of conversations held via phone or Facetime, as phone conversations can be intercepted either accidentally or intentionally. Please make sure 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 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 **813-402-8631** if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you three times. 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.



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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 my alternate number **813-751-4103**. The number may show up as restricted or blocked, so please be sure to answer it.

**Connection Loss 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 contact me back and there is time left in your session we will continue. If the reason for a connection loss, i.e. technology, 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, we can either complete our session via phone or plan an alternate time to complete the remaining minutes of our session.

Please list your *main* contact number and an *alternate* number below.

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*Main Phone Number*

*Alternate Phone Number*

**Recording of Sessions:**

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

**Payment for Services:**

Payments for services is due at the end of our session. I will charge your card on file or you can verbally tell me your card information before we end our session.

**Cancellation Policy:**

If you must cancel or reschedule an appointment, 24-hour advanced notice is required, otherwise you will be held financially responsible for your full session fee. Should you cancel or miss an appointment with notification less than 24 hours this will result in being charged the **full fee** for your missed appointment. Cancellations must be communicated by phone or text, NOT email. If clients have more than two cancellations during the course of treatment/therapy the therapist and client will address the need for ongoing therapy. Should a client express a desire to continue, they will be asked to pre-pay for sessions at the time of scheduling. If the client cancels or misses the session with less than 24 hours notice and the session is pre-paid, this follows the cancellation guidelines and the payment will not be reimbursed for the missed or canceled session made less than 24 hours. Phone/video sessions should be treated as regular in office sessions. If you are late getting on the phone, are unable to talk at our scheduled time, your battery has died and you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend our session please know that you will be charged your full session fee. Please make the necessary arrangements you need to be available and present for your session.

**Emergency Contact and Confidentiality:**

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

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*Full Name*

*Relationship*

*Phone Number*



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I also request the address from which you are calling from for emergency purposes:

[Redacted]

*Street Address*

[Redacted]

*City* *State* *Zip Code*

**Crisis Safety Plan:**

In the event we are talking and get disconnected, and *you* believe you are in crisis, **you agree to call 911 for immediate assistance** or go to your local emergency room immediately. Additional resources include the *National Suicide Prevention Hotline at 800-273-TALK or dial 988, or Crisis Center of Tampa Bay by dialing 211.*

If *I* have concerns about your safety at *any* time during a phone session, **I will 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 Telehealth Counseling Sessions:**

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

[Redacted]

Client Name & Signature

[Redacted]

Date

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Brandy Torretta, M.S., LMHC

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Date