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INFORMED CONSENT FOR TELEHEALTH DURING THE CORONAVIRUS (COVID-19) PANDEMIC

This Informed Consent for Telehealth contains important information specific to healthcare services via phone and internet. Please read this carefully and let me know if you have any questions. Signing this document represents your understanding and agreement.

Benefits and Risks of Telehealth

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. A benefit of telehealth is that we can engage in services without being in the same physical location. This is helpful particularly during the Coronavirus (COVID-19) pandemic. There are benefits of telehealth, as well as some challenges. I will do my best to reduce the challenges.

It is my hope that you will treat this time as a gift you worked hard to give yourself. This is your time to focus on the challenges, lessons and unique strengths you bring to the process of personal growth. Please make sure you put your phone on do not disturb or silence them so your time is not interrupted.

An example of a few of the challenges with telehealth are:

- Risks to confidentiality. Telehealth sessions take place outside of the security of my office. There is potential for others in your home to overhear or interrupt our sessions. I understand it's not always possible to find a private place for sessions. Please let me know if you are having difficulty. I have taken steps to ensure your confidentiality on my end.
- Issues related to technology. There are many ways that technology problems might impact sessions. For example, technology may stop working during a session. During our first session we will discuss how to proceed if this occurs.
- Crisis management and intervention. For now, due to Covid-19, it is unwise to see clients in person. It is important you feel supported and have a safety-net in place if a crisis situation arises during our work. If our session is interrupted during a life threatening crisis and I can not get back to you, I may contact the emergency number on your intake or call 911 if warranted.
- If you should experience a mental health crisis between sessions you can call **my crisis line at 707-845-7101**. If for some reason you are unable to reach me and cannot wait for a return call, call Humboldt County Mental Health 707- 445-7715 or 911.

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Electronic Communications

Currently emails and text messages are not encrypted. I may use text messaging or emails for administrative purposes. This includes things like setting and changing appointments, or billing matters. Please be aware confidentiality can not be guaranteed when using text or emails.

Texting is preferred over emails

Confidentiality

I have a legal and ethical responsibility to protect all telehealth communication to the best of my ability. The nature of electronic communication technologies make it impossible to guarantee that communications will be kept confidential. There is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should take reasonable steps to ensure the security of our communications.

Appropriateness of Telehealth

If you decide telehealth is not optimal for you, please let me know. We will discuss options of engaging in referrals to another professional who can provide appropriate services.

Fees and Records

The same fee rates will apply for telehealth as apply for in-person therapy. Insurance or other managed care providers may not cover telehealth sessions. Please contact your insurance company prior to our first sessions to determine what will be covered.

Telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Your records are protected by law with the exception of a court subpoena or your written permission. Occasionally, insurance companies ask for a client's records. I will discuss this with you in advance.

Informed Consent

This agreement is intended as a supplement to the general informed consent provided to you prior to our first session. It does not amend any of the terms of that agreement.

A copy of this agreement is available upon request.

Your signature below indicates agreement with its terms and conditions.

Client signature _____

Date _____