



## **Informed Consent Addendum for Remote Counseling Services via Telephone and Video Conferencing**

This document is an addendum to the “Informed Consent for Counseling Services” (beginning on next page) and contains important information about treatment via telephone or video. By signing this form, you are agreeing to participate in remote mental health treatment via telephone and/or video. Treatment via video and telephone may be appropriate in certain circumstances. In our case, we are providing services via these modalities because of the restrictions and social distancing measures in place due to the Coronavirus pandemic.

### **Technology:**

You will work with your therapist to decide whether telephone or video sessions are preferable

- TELEPHONE SESSIONS: Your therapist may call you from their office or a blocked phone number to start each session.
  - If your phone doesn't work with blocked calls, please let the therapist know so they can work around that limitation.
- VIDEO SESSIONS: CVCCN uses secure video-platforms to provide video conference sessions
  - Video sessions are sometimes referred to as “telehealth” or “telemedicine.”
  - Your therapist will email you a link to join the virtual session and can help you learn how to set up the platform on your computer or phone to get started.

### **Privacy and Confidentiality**

At the beginning of each session, the therapist will:

- Confirm where you are physically located, and that this location is safe and appropriate for a counseling session. It is best to be in a private location where you can speak without being overheard or interrupted by others.
- Confirm with you that the therapist is in a secure, private and confidential location.

### **Possible Obstacles**

- Technical obstacles may include: the technology dropping due to cell signal or internet or delays due to poor connections or other technology limitations.
- Clinical obstacles may include: discomfort with the modality (video or telephone); difficulties interpreting non-verbal communication; and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent.
- Limitations may be discussed in more detail with your therapist and together you can decide if proceeding with the telehealth or telephone consultation is appropriate.

### **Safety**

- The therapist will confirm the name and contact information for your emergency contact.
- If the therapist believes you to be at risk of harming yourself or someone else and the therapist is not able to contact you directly, they may deem it necessary to contact your emergency contact to request assistance in assessing your safety or potentially contact the necessary authorities in case of an emergency, which may include calling the police to request that they do a “wellness check”.
- If you or the therapist believe there to be imminent risk to yourself or another person, you will immediately seek the appropriate care by calling Region 10 Emergency Services, 911 or going to your nearest emergency department or crisis facility.
- If the therapist has reason to suspect child or elder abuse, neglect or exploitation or domestic violence involving a minor or elder, your therapist is required to immediately make a report to the Virginia Department of Social Services.



**Informed Consent**

By signing this form, I certify:

- That I have read this form, or had it explained to me.
- That I fully understand its contents, including the risks and benefits.
- That I have been given ample opportunity to ask questions and that my questions have been answered to my satisfaction.
- That I understand I can withdraw my consent for treatment via telephone or telehealth at any time and this will not affect my future care at CVCCN.

Client's Printed Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Informed Consent for Counseling Services

Welcome to CVCCN. This form is to provide information about the services you can expect to receive with us. Please don't hesitate to ask a question regarding this form or your care. We look forward to working with you.

### Appointments and Fees

During the first few visits, you and a therapist will discuss your needs and counseling goals. Initial consultation may include a financial screening and intake for counseling services, at which point it may be determined that the best treatment plan involves a referral to more appropriate services in the community.

If you meet our financial eligibility criteria and our agency can adequately provide the care you hope to receive, you will be placed on a wait list to see a therapist for ongoing counseling. Wait times may vary though, on average, are about four weeks. You are welcome to access walk-in clinic hours while you are on the waitlist.

Individual counseling at CVCCN is based on a brief, 12-session treatment model, though some of our clients complete therapy in fewer than 12 sessions. Fees for 50-minute counseling sessions are based on a sliding scale. **All fees will be collected at the end of each session.**

### Cancellations and Missed Appointments

A session may be canceled without financial obligation by giving CVCCN 24 hours' notice; otherwise, you will be charged for the missed appointment. If you are late for your appointment, please understand that your appointment will still end on time. More than two consecutive missed appointments without notice may potentially result in termination of counseling services. Similarly, three consecutive sessions canceled with less than 24 hours' notice may also lead to discontinuation of services. By signing this consent, you are acknowledging your understanding of expectations around participation and communication.

### Confidentiality:

As a general rule, your therapist will disclose no information obtained during your treatment, or the fact that you are a client at CVCCN, except with your written consent. There are, however, certain situations in which they are either ethically or legally required to disclose information without your consent.

- If your therapist has reason to suspect child or elder abuse, neglect or exploitation or domestic violence involving a minor or elder, your therapist is required to immediately make a report to the Virginia Department of Social Services.
- If you make a serious threat to attempt to harm yourself or if you make a serious threat to harm another person, your therapist is required to enlist methods to protect your safety and that of the intended victim(s).
- When a court of law issues a legitimate subpoena requiring records or testimony regarding your mental health treatment, your therapist might be required to disclose information. In Virginia, this could apply to child custody cases (both pending and former), child abuse cases, criminal cases, or any case where your mental health might be considered a relevant issue. If you are involved in a legal case, implications will be discussed with regard to your treatment. If your therapist receives a subpoena, your provider will inform you immediately and, with your consent, will cooperate with your attorney to file a motion to quash (stop) the subpoena so that your privacy can be protected. However, only a judge may decide whether the requested information must be disclosed.
- To ensure that we are providing quality care, all our clinicians receive on-site supervision and may consult with other clinical providers within the agency. Some therapists also occasionally meet with consultants. In doing so, they do not reveal identifying information about their clients. They will provide you with names of



their consultants and supervisor upon request. Some of our clinicians are interns from Masters-level counseling or social work programs. All interns receive supervision from licensed staff therapists. Information about your therapist’s training and his/her supervisor is available upon request.

Information about your treatment at CVCCN will be disclosed in the following situations with your written consent.

- If you were referred by your Primary Care Physician, your therapist might discuss evaluation and treatment plan with him or her, with your prior consent.
- If you require referral for a psychiatric consultation regarding medication, your therapist may discuss your diagnosis and overall clinical situation with the psychiatrist to facilitate the evaluation process. If you and the psychiatrist decide that medication would be helpful, your therapist may periodically discuss your progress with the psychiatrist to provide coordination of care.

The Health Insurance Portability and Accountability Act (HIPAA), the federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI), requires that we provide you with a Notice of Privacy Practices, which explains HIPAA and its application to your personal health in greater detail. The Notice of Privacy Practices is available by request at the front desk.

#### **Electronic Communication**

Communication by e-mail is not considered to be a secure medium of communication as it does have the potential to be intercepted by third parties. It is therefore not recommended that e-mail be utilized for confidential or personal information. Should you choose to disclose this information by email, there is no guarantee that it can be kept strictly confidential. Please do not use e-mail in any crisis scenario as it might not be received or answered immediately.

#### **In Case of Emergencies:**

CVCCN does not provide crisis services. You may contact your therapist between appointments, but you may have to leave a message and await a return phone call. If you need immediate assistance, please contact Region Ten Emergency Services at (434) 972-1800 or go to your local emergency room.

#### **Workplace Violence and Weapons Policy**

CVCCN maintains a zero-tolerance workplace violence policy. This policy applies equally to all employees, board members, volunteers, clients, and anyone else on the property. Workplace violence refers to physical acts of violence or threats to harm a person or property. Abusive behaviors are also considered violent and include verbal and psychological abuse, intimidation and bullying, the use of or threat of using a weapon, and racial and sexual harassment.

CVCCN has a no-weapons policy that prohibits the possession or use of dangerous weapons on company property. This policy applies equally to all employees, board members, volunteers, clients, and anyone else who comes on to the property. A license to carry the weapon does not supersede company policy.

***In signing this form, I understand that I am consenting to receive services at CVCCN in accordance with the above conditions.***

**Client Signature:**

**Date:**

**Staff Signature / Title:**

**Date:**