

CONSENT TO TELEHEALTH

This document outlines our agreement to engage in telehealth, which means you will be accessing virtual psychotherapy services remotely through electronic media (e.g., online video conferencing or phone session). Please read this agreement in full and communicate with us if you have any questions or concerns about using telehealth. By signing this document, you will be acknowledging and agreeing to the following:

BENEFITS AND RISKS OF TELEHEALTH

Receiving services via telehealth allows you to:

- Receive services at times or in places where the service may not otherwise be available.
- Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
- Receive services when you are unable to travel to my office.
- The unique characteristics of telehealth media may also help some people make improved progress on health goals that may not have been otherwise achievable without telehealth.

Receiving services via telehealth has the following risks:

- Telehealth services can be impacted by technical failures, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:
 - Internet connections and cloud services could cease working or become too unstable to use.
 - Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telehealth-based service delivery.
 - Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.
 - Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools.
 - I may also be unable to help you in-person.

There may be additional benefits and risks to telehealth services that arise from the lack of in-person contact or presence, the distance between you and me at the time of service, and the technological tools used to deliver services. I will assess these potential benefits and risks, sometimes in collaboration with you, as our relationship progresses.

OUT-OF-STATE SERVICES

I am licensed to practice psychology in the state of Oregon, which typically means clients must be physically located in Oregon at the time of service delivery. However, under special circumstances I can request permissions with other states or countries to practice remotely via telehealth. Please clarify with me ahead of time if you will be located outside of Oregon during our remote telehealth sessions and I will seek appropriate permissions. We cannot hold sessions across state lines without these permissions.

LEVEL OF CARE

Certain situations, including emergencies and crises (such as thoughts of harm to self or another, uncontrolled psychotic or manic symptoms, experiencing a life threatening situation, abusing drugs or alcohol or other concerns which may present a risk to your safety) are inappropriate for telehealth services. If you are in crisis or experiencing a medical or psychiatric emergency, you should immediately call 911 or go to the nearest hospital or crisis facility.

ADDITIONAL CONSIDERATIONS

- We agree to use a video-conferencing platform I have selected for our virtual sessions (Doxy.me or another similar platform), and I will explain how to use it.
- Confidentiality still applies for telehealth services and I have chosen a HIPAA compliant platform to help ensure security and privacy.
- Barring breaches of security, nobody will record, listen to, or watch our sessions without permission from both of us.
- Please do not record our sessions without my permission.
- Unless we have agreed ahead of time, there should be no other person sitting in on your session who could hear or see our visit, either in the room or remotely.
 - If needed, we can set up a “safe word” you can use to signal me if you are not in a safe or secure environment.
- It is important to use a secure internet connection rather than public/free Wi-Fi, and that you otherwise actively participate in maintaining your own security and privacy.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify me in advance by phone.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed and if they will be the same or different reimbursement rates as in-person sessions. If your insurance does not cover telehealth, you are responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.
- You can stop work by teletherapy at any time without prejudice.

VIDEO-CONFERENCING INSTRUCTIONS

- 1) You can use your smart phone or a computer with a webcam and internet.
- 2) At your appointment time, go to the following site: <https://doxy.me/jonbensonpsyd> (Please bookmark that address in your browser now, or write it down)
- 3) When prompted, enter your first name and click “Check In”.

- 4) When prompted, select “Enable Camera” to give access to your microphone and camera.
- 5) This will put you into the virtual “waiting room” and I can see that you are there.
- 6) Stay in the waiting room until I connect our session.
- 7) Call me at (971) 319-6956 if you encounter difficulties initiating a session.
- 8) If our session gets disrupted after it starts, please wait and I will call you by phone.

CONSENT TO TELEHEALTH SERVICES

Your signature below (or electronic signature if filling out this form online) indicates that you have read and understood this Consent to Telehealth and agree to its terms.

Printed Name: _____

Signature: _____ Date: _____

* Your relationship to client:

- Self
- Parent/Legal guardian
- Personal representative
- Other: _____