



P.O. Box 20395  
Waco, TX 76702

Bus: (254) 772-8999  
Fax: (254) 772-4770

## **Telehealth Informed Consent**

### **What is Telehealth?**

Telehealth is a way to reach clients who otherwise may not be able to come into our office or be reached via outreach services. Using HIPAA (Health Insurance Portability and Accountability Act) compliant technology, we look to treat individuals within the state of Texas.

### **What do we treat using this method?**

We aim to use Telehealth as a therapeutic treatment option for clients wanting to utilize the counseling services normally provided in person; such as processing domestic violence trauma and trauma reactions. Additionally, we may provide domestic violence education curriculum if the counselor sees fit.

### **What we DO NOT treat using telehealth:**

Due to the nature of this communication method, Telehealth is not recommended for:

- Those with severe psychosis or those needing psychiatric care (e.g. Schizophrenia, Bipolar Disorder, Major Depressive Disorder, and suicidal ideation).
- Individuals with current/recent suicidal or homicidal thoughts or ideations.
- Inappropriate fit for telehealth counseling services from Family Abuse Center and/or Counselor's discretion.

### **Credentials of service providers:**

All counseling providers utilizing telehealth through the Family Abuse Center are either a direct service staff member, licensed professional counselor, licensed social worker, counseling practicum students or interns who are supervised by the licensed professional counselor or social worker.

### **What should the client expect?**

If appropriate for the use of telehealth, a counselor from the Family Abuse Center will contact client to schedule a face to face intake appointment. Clients will be required to complete intake paperwork before the first scheduled telehealth appointment. Client may submit other documentation there after via fax number provided by the Family Abuse Center.

If the client chooses to use video as a means for counseling sessions, a HIPAA compliant link will be sent to the client's email address. This link will allow the client to access direct video communication with the counselor. Family Abuse Center utilizes Doxy.me, which is a reputable HIPAA compliant live stream provider. Due to the nature of these services and in attempt to protect the client's privacy, the client will be asked to create a code word that the FAC counselor will request at the beginning of each scheduled session. At the beginning of each session the client will be asked to verify current physical address. For additional security precautions, the client may also be asked to verify other personal identification questions.

### **A UNITED WAY AGENCY**

Serving McLennan, Ellis, Falls, Hill, Bosque, Limestone, Freestone and Navarro Counties.

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**If there is a technological issue:**

If for some reason the video disconnects, please allow 5-7 minutes for the counselor to attempt to regain the connection. The counselor will try to finish the session via video, if the counselor is unable to regain the connection, the counselor will contact the client via phone unless otherwise established in the intake. If confidentiality is an issue, the client will need to contact the counselor at the Family Abuse Center, **(254) 772-8999** for further instruction.

**Where should I have my session?**

It is expected that the client take all precautions to protect their own confidentiality on their end. These precautions include having the session in a quiet, secure, and safe environment. **DO NOT** attempt to have a counseling session while driving, in the same vicinity as an unsafe person, around other people like friends or family, or in a public place where confidentiality may be compromised.

**Some client guidelines are as follows:**

- Make sure you are in a private location where your session cannot be overheard by others
- Make sure to adjust the volume on your device to ensure your privacy.
- You must be decently attired during each session.
- No provocative postures or gestures will be tolerated.
- Minimize background noise; turn off televisions, music, or other sounds.
- Close doors to area if available.
- Minimize distractions; do not attend to other diversions while in session.
- Make sure that pets, children, household members, and roommates will not be distractions during the counseling session.
- You may **NOT** invite others into the session time.
- Screenshots, photos, and recordings are strictly prohibited and will result in immediate termination of session, telehealth counseling services, and may result in discharge from counseling with Family Abuse Center altogether.

**Risks, benefits, and limitations of engaging in telehealth:**

**Benefits –**

- Being able to engage in counseling away from agency or remotely.
- Flexibility with scheduling
- Ability to participate in therapy despite physical or transportation restrictions.
- Expanded access to counseling services.

**Risks –**



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- While Family Abuse Center does everything to protect confidentiality on our side, Family Abuse Center cannot control environmental factors on the client's end.
- Possibility of technology failure at time of scheduled appointment.

**Limitations –**

- Cultural and/or language differences may affect delivery of services.
- Limited ability to account for nonverbal communication.
- Counselor may only provide services if the client sits in the counselor's state of licensure.

**Emergency Procedures:**

If a client is in an emergency situation, assistance is available by calling:

- 911
- MHMR 24-hour Crisis Hotline – 1-888-522-8262
- National Suicide Prevention Lifeline – 1-800-273-8255
- MHMR Crisis Treatment Center Waco - Phone:(254) 867-6550
- Providence DePaul Center (McLennan County) – 254-776-5970
- Cedar Crest Hospital (Bell County) – 254- 613-9871

**Emergency Consent for Telehealth Counseling:**

I (*client*) \_\_\_\_\_ give Family Abuse Center permission to breach confidentiality and contact the following people in case of an emergency, if I report intent to harm myself or someone else; I also recognize the following people as safe individuals.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to client: \_\_\_\_\_



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\_\_\_\_\_ I understand that Family Abuse Center's counselors are obligated morally and ethically to do what is necessary to prevent clients from causing harm to themselves or others. If the counselor believes that I pose a serious, imminent, and foreseeable threat to myself, or others a report will be made to the appropriate authorities.

Local -

- Police (non-emergency): \_\_\_\_\_
- Hospital in county with inpatient facility: \_\_\_\_\_

\_\_\_\_\_ If I have a crisis/emergency I will call 911 and/go to the nearest hospital. If I am considering suicide or harming others, I agree to call 911 and/or go to the nearest hospital.

\_\_\_\_\_ If at any point during counseling the counselor or client deem services ineffective, the counselor and client can discuss what other options there are for me to receive counseling services.

\_\_\_\_\_ I further understand that there are risks unique and specific to Telehealth, included but not limited to, the possibility that the counseling sessions, or other communication by my counselor to others regarding my treatment, could be disrupted, or distorted by technical failures, or could be interrupted, or accessed by unauthorized persons.

\_\_\_\_\_ I have read, and I understand the information provided above. I have the right to discuss any of this information with my counselor, and to have any questions I may have regarding my treatment, answered to the best of the counselor's ability.

\_\_\_\_\_ I understand that I can withdraw my consent to Telehealth communications by providing a **written notification** to the Family Abuse Center. My signature below indicates that I have read this telehealth informed consent and am in total agreement with all of the terms.

LOVE SHOULDN'T HURT



MEYER DOMESTIC VIOLENCE CENTER

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Waco, TX 76702

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\_\_\_\_\_  
Client Printed Name:

\_\_\_\_\_  
Client Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Counselor Printed Name:

\_\_\_\_\_  
Counselor Signature:

\_\_\_\_\_  
Date:

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