

Kolpia Counseling Services

TELEHEALTH via VIDEO CONFERENCING AGREEMENT

It may be possible for treatment delivery while you are in our program to occur via interactive video conferencing (i.e. virtual face to face sessions) in lieu of or in addition to “in-person” sessions. Video-conferencing (VC) is a real time interactive audio and visual technology that enables our counselors to provide services remotely. The VC system we use (www.zoom.us) meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan or provide your full name to participate in our online sessions. Treatment delivery via VC may be an alternative due to convenience, distance, health care isolation, or quarantine. Although VC may be used with you and your counselors in different locations, you must be a resident of the state of Oregon and your counselor must be licensed or certified in Oregon. You may call in from your home on your own computer or phone that has video conferencing capabilities. This process of accessing VC treatment will be time limited and must be pre-approved by our program. Initial Here: _____

Risks may include, but are not limited to, technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks such as discomfort with virtual face to face versus in person treatment, difficulties interpreting non-verbal communication and importantly, limited access to immediate resources if risk of self-harm or risk to others becomes apparent. You should discuss this and any other concerns with your counselor before using VC. By signing this document, you are stating you are aware your counselor may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent danger to yourself or others you will seek immediate care through your own health care provider, hospital emergency department, or by calling 911. If you join from a location other than the address we have on file for you, you must inform your clinician of your current location. Initial Here: _____

Jackson County Mental Health 24-hour Crisis Line: **541-774-8201**

If we schedule VC sessions with you, all of the agreements you have previously consented to when you enrolled in our program are still in effect. This includes, but is not limited to, fees and payments, attendance and cancellation policies. Mandatory reporting laws regarding child, elder, and dependent adult abuse, and any threats of violence will be reported to appropriate authorities. All HIPAA confidentiality laws will be adhered to. Further, I understand that the dissemination of any personally identifiable images or information from the VC interaction to any other entities shall not occur without written permission. I will never attempt to capture or disseminate images of other participants (i.e. while attending group therapy), and understand any attempt to do so is grounds for immediate discharge from the program. If mandated to treatment, this will also result in loss of credit for any treatment attended and will be reported to the mandating entity. I understand that while counseling of all kinds has been found to be effective in treating a wide range of mental health, substance use, personal, and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit, results cannot be assured as with any other mode of therapy. Initial Here: _____

When teleconferencing, I will provide a quiet, interruption free environment where I can reasonably assure my own privacy and confidentiality, as well as that of other participants if attending VC groups. I may be asked to prove this by showing the environment to ensure privacy. I agree to stay in frame and understand use of virtual backgrounds is prohibited.

I have read and agree to the above items.

Name: _____ Signature: _____ Date: _____