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**CLIENT NAME** \_\_\_\_\_

## TELEHEALTH (VIDEO/PHONE) COUNSELING AGREEMENT

The purpose of this form is to obtain your consent to participate in TeleHealth, which involves counseling by phone, video, or secure online email portal.

### Benefits include:

1. Convenience, since there is no travel time
2. I can see you even if you are unable to get to my office, or when you are sick
3. I can see you when you travel within the state, or even when you move within the state

### Limitations/Risks include:

1. There is a greater chance of misunderstanding -- we might not see each other's body language or hear subtle differences in voice tone that could easily be picked up in person
2. If we meet in-person, I have more control of interruptions. With video, I can't control your setting.
3. Internet connections could cease working or become too unstable to use
4. You may feel more emotional distance due to the lack of in-person contact and presence.
5. I cannot guarantee the privacy/confidentiality of conversations held via phone, as these can be intercepted accidentally or intentionally. I cannot guarantee that hackers will not access video calls.
6. I cannot immediately intervene if you are in crisis.

**Is it right for you?** TeleHealth is not a good fit for everyone. If at any point you find the TeleHealth platform difficult or distracting to use, please let me know. You have the right to discontinue receiving TeleHealth counseling at any time, without consequence. I am always happy to discuss moving to phone or in-person sessions. Likewise, if at any point I do not feel TeleHealth is working for me or for your treatment, I may discontinue this treatment option.

**Network-Specific TeleHealth Legal & Ethical Considerations:** Carelon/Partnership HealthPlan disallows phone sessions. Refer to your policy if you require accommodation and I am willing to accommodate when equipped with documentation from your administrator in your file. For Sutter Health EAP clients, both telephone and HIPPA-Compliant video platforms are permissible. It is recommended by State regulating boards of the MFT profession that compliance with best practices for confidentiality be the guiding principle for technology and platforms of choice.

### Logistics

1. If we are connecting by video, I will send you a link to sign in to my secure and HIPAA-compatible video platform. It is OK to "arrive" early -- I will connect with you at the time of the session. If we are connecting by phone, I will call you at our scheduled time.
2. I will be in a private location where I am alone. You are responsible for your confidentiality on your end, and need to be in a private location where you can speak openly without being overheard by others.
3. At the start of the session, I will verify your location (street address). I can only provide therapy to you while you are in the state where I am licensed. If I do not ask, please be sure to tell me if you are not at your home.
4. Do not invite others to join us for any part of the session without discussing this with me in advance.
5. Please be sure to have a cell phone with you or be near a phone in case video gets cut off.

### You may have a better experience if you:

1. Use a computer or tablet instead of a cell phone so that you can see me better.
2. Make sure your device is connected to power, or at least fully charged.
3. Wear a two-ear wired headset with microphone (this can help us hear each other)
4. Close other applications or programs on your computer.
5. Make sure you have strong internet connection -- you may need to be near your modem.
6. Consider how you will reduce interruptions (ex. talking to family in advance about your need for privacy during that hour, using a "do not disturb" sign on your door, etc.)

7. Find a location where your face will be well-lit so I can see your facial expressions clearly.

**Connection Loss:**

1. **For video sessions:** If we lose our connection during our session, please quit and restart your search engine (or computer), and sign in again. If you can't reconnect, I will call you.
2. **For phone sessions:** If we lose our connection during our session, I will call you again from an alternate number, which may show up as restricted or blocked -- please be sure to pick up the phone. After 5 minutes if you have not heard from me, you may also attempt to call me at my listed cell phone number(s): (707) 888-0106 (CA) or (208) 512-4455 (ID or UT).

**Consent to Contact:** Please indicate your permission to receive communication from your therapist through the following means:

Check if you agree:	Mode:	Contact Information:
<input type="checkbox"/>	Landline	
<input type="checkbox"/>	Cell Phone	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Text	
<input type="checkbox"/>	Regular Mail	Street Address:  PO Box:  City, State, Zip:
<input type="checkbox"/>	Emergency Contact Name:  Relationship:	
<input type="checkbox"/>	Other:	

**Security**

- I utilize video software and hardware tools that adhere to security best practices and legal standards for the purposes of protecting your privacy.

**TeleHealth platform:** <https://doxy.me/en/> Doxy.Me is HIPAA-compliant. A business Associate Agreement (BAA) on file. Privacy policy statement for consumers at <https://doxy.me/en/privacy-policy/>. "We take privacy and security very seriously. We implement state of the art security and encryption protocols to assure that data integrity and privacy is maintained. As a result, doxy.me complies with HIPAA requirements."

**Voice and video data:** <https://doxy.me/en/> provides HIPAA-compliant voice and video data security. When a TeleHealth session is exited, all voice and video data is destroyed.

Anti-virus software: Built in XProtect. See <https://www.milestonesys.com/products/software/xprotect/>

**Firewall:**

Apple Firewall is on. The Mac is more secure than a PC.

**Basic Home Router:**

StarLink blocks incoming connections. 99% of attacks come from computer attacks

**Devices:**

**Mac Laptops** include File Vault encryption.

**iPhone:** Sessions conducted on Doxy.Me platform, is HIPAA-compliant and all content is scrubbed upon exit.

**Storage:** The device utilized for client notes and scanned documents is a SAMSUNG T7 Touch Portable USB drive, which provides fingerprint security as well as built-in security options. It utilizes AES 256-bit encryption and gives the option of unlocking with a touch of the finger or with a password. Digital USBs are stored in a locked, fire-proof safe.

**Client Files:**

Paper files are stored in a locked file cabinet when not in use and unsupervised.

**Environment of TeleHealth sessions:**

Therapy sessions take place in the practitioner's dining room and there is only one other person living in the residence, her husband. When she is seeing clients, he is not in the house. When he is at home during client hours, he locates in his office in a separate building on the property.

- It is not recommended that you communicate using a public wireless network.
- You represent that you are not using someone else's device or your employer's computer, since employers have the right to monitor their equipment and networks, which could compromise your privacy.
- It is recommended that you have sufficient firewalls, anti-virus, and malware software.
- You have the sole responsibility for security and privacy of your devices, equipment, and internet connection.

**Verify Your Identity:**

- Please scan or screen-capture a copy of the front and back of your driver's license or I.D. card, and insurance card, if you have insurance. Please email, text message, or snail mail to me.
- Each session you will be asked your full name and current address.

**Session Attire:** Appear in TeleHealth as you would modestly present in person.

**Recording of Sessions:** No sessions will be recorded by me, and the TeleHealth platform I use states that there is no recording of the session, no information collected, and no digital record saved afterwards. Please note that recording or screenshots of any kind of any session are not permitted and are grounds for termination of the client-therapist relationship.

**Payment for Services:** Payments for services must be made prior to our session or the day of the session. I will charge your credit card on file on the session date. If you prefer not to use a credit card, you may pre-pay for sessions ahead of time by check or cash. If you have insurance and I am on your provider list, I will bill on your behalf, but you remain responsible for any portion they do not pay. Employer Assistance Program (EAP) clients, I will bill on your behalf and no payment is required.

**Session Cancellations:** Phone/video sessions are treated as in-office sessions when it comes to late cancellations and no-shows -- 24-hour advance notice is required, otherwise you will be charged the full session fee (not just a copayment), except for cases of unforeseen medical emergency. Cancellations should be communicated via text, email or phone.

CLIENT NAME \_\_\_\_\_

TELEHEALTH CONSENT

**Emergencies and Confidentiality:** Since you will be at a distance, please list an emergency contact for you:

\_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Emergency Resource	Facility,Address, City, State, Zip	Phone #
Police		
Local Hospital Name		
Crisis Center		
Psychiatric Resources		
24-Hour Suicide Prevention	N/A	Dial 988 or 911

If you do not expect to be at home for sessions, please give the location you expect you will be:

Street Address, City, State, Zip \_\_\_\_\_

If you are outside the area that I practice, I will identify emergency resources in your area. If you are in crisis and we get disconnected, dial 988 for support, or call 911, go to your local emergency room if you cannot reach me.

Please share with me if you have severe feelings of helplessness, hopelessness, or wanting to hurt yourself or others. There are many steps I can take to help, even at a distance. However, if I have extreme concerns about your safety at any time during a phone session, we may need to have you come to the office, or I may need to call your support system or emergency services to keep you safe.

Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions. By signing below, you agree that you have read and understand all of the above. You give permission for me to communicate with your emergency contact if client is concerned about your safety. You agree that you have had the chance to ask questions, that you understand the limitations associated with participating in TeleHealth sessions and consent to attend sessions under the terms described in this document.

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

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

*TeleHealth agree 1/17/23*