

TELEHEALTH INFORMED CONSENT

Prior to engaging in Telehealth (hereby called Teletherapy) services at Wave Therapy (WAVE PPC), please read the following informed consent guide. If you have any questions, please do not hesitate to ask prior to signing this document.

Teletherapy

- Teletherapy is the delivery of services using interactive technologies between a client and therapist who are not in the same physical location.
- Teletherapy is a well-established health care practice. However, there are risks that differ from in-person sessions. While every effort is made to protect your privacy, these risks include, but are not limited to, breaches of confidentiality, disclosure of personal information, and disruption of services due to technical difficulties.
- Wave Therapy uses telephonic, Gsuite, Facetime, Duo, and Zoom technology, a HIPPA compliant video and phone conferencing services, to provide teletherapy services. A secure link for teletherapy services will be provided, and we will assist you in understanding how to use these programs.
- Sessions will be billed according to the original fee agreement. Late cancellation fees may still apply, depending on the individual case and circumstances.
- Teletherapy services can be declined at any time, just like an in-person session can.
- Confidentiality still applies for telepsychology services. Please see the originally signed informed consent document for a review of all limits to confidentiality. All information provided in the original informed consent document still applies.
- Nobody will record the session without the permission from the other person(s).

Therapist Responsibilities

- We will conduct your session from a private and confidential space. If at any time the telehealth space is deemed no longer private, we will work with you to end the session appropriately.
- If technological problems disrupt the therapy, you will be contacted via phone or email to continue the session or to reschedule the session using an agreed upon plan.
- We will continue to schedule regular appointments and keep records of your sessions.
- We will continue to assess the appropriateness of receiving telehealth services as agreed upon in this informed consent document. If needed, we will offer to modify the plan or

provide referrals as needed if it is deemed that telehealth services are no longer appropriate for your care or safety. In addition, we may determine that due to certain circumstances, teletherapy is no longer appropriate for your care, and that we should resume our sessions in-person.

Client Responsibilities

- I agree to engage in teletherapy. I also agree to use the telephonic or video-conferencing platform selected and agreed upon for our teletherapy sessions.
- I agree to make efforts to have the necessary access to the technology needed to participate in the services provided. This may include, but is not limited to, a telephone, computer, internet connection, and/or Zoom, Gsuite, Facetime, Duo software (These programs may require a free download).
- I agree to connect with my therapist from a quiet, private, and confidential space that is free of distractions (including cell phone or other devices) during the session. I understand that I cannot receive therapy when I am in a public location where people can overhear or see my therapy session.
- I understand that it is important to use a secure internet connection rather than public/free Wi-Fi.
- I agree to inform my therapist if the need for in-person services arises, or if I need additional resources or referrals.
- In an emergency, I will contact 911 or use another service available to me. This includes, but is not limited to, services recommended by my therapist. If you are unsafe, 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.

Signature and Consent: This document does not replace other agreements or consents established as part of my treatment or the informed consent process. I understand the risks inherent to interactive technology. My signature indicates acknowledgement of these risks and releases the therapist, Wave Therapy (WAVE PPC), and its associates, from any liability associated with interactive technologies.

Client Printed Name: _____

Client Signature: _____ Date: _____