

## PROVIDER AND PRACTICE CONTACT INFO

Friedman Counseling Services, LLC, 101 E. College Ave., Westerville, OH 43081, www.friedmancounselingservices.com Ruth Friedman, IMFT, LPC: 614-426-8330; ruth@friedmancounselingserices.com Jack Hambrick, MFT-TRNE: 614-304-4845; jack@friedmancounselingservices.com

## PREPARATION FOR TELEHEALTH SESSION

- If you do not receive an email containing the link to your telehealth session from SimplePractice or if the link does not work, please let me know as soon as possible so that I can email you a new link. If the link still does not work or we are unable to connect through SimplePractice, I will call you and conduct the session over the phone.
- If our telehealth session becomes disconnected: I will call you, and we can decide if it would be appropriate to try the session through SimplePractice again or to conduct the session over the phone. If the video session through SimplePractice fails a second time, we will conduct the rest of the session over the phone.
- If the session disconnects while we are engaged in safety-planning: I will first call you back over the phone as well as send you a new link through SimplePractice to reconnect the video. If the video session through SimplePractice fails a second time, we will conduct the rest of the session over the phone. If I am unable to get ahold of you over the phone, I will call your emergency contact. If I am unable to get ahold of you or your emergency contact, I will call the local authorities to conduct a wellness check for you.

## LIMITATIONS OF TELEHEALTH/E-THERAPY

Engaging in therapy by telephone or webcam has a wide range of benefits, but you should also be aware of the limitations of the use of technology to conduct personal therapy. These include but are not limited to:

- Potential for lost electronic connection, thereby disrupting your therapeutic process.
- Less ability to see important characteristics in communication such as detailed facial expressions or non-verbal gestures which are normally present in an in-person session.
- Potential for the clinician or client to misunderstand important cultural nuances if you live in a different culture than the therapist.
- Complications in obtaining support in the event of an emergency. Clinicians will make every effort to contact your local emergency services or emergency contact(s) provided by you in the new client paperwork and the e- therapy consent form. Since the therapist is trying to accomplish this at a distance it may be more complicated than it would be in a clinical office setting. Please let your clinician know in the beginning of each session if there is a change with your desired emergency contact.
- Potential limits in privacy in the user's environment. Friedman Counseling Services, LLC, maintains the security and privacy of our software, internet connections, and office space but cannot guarantee the security and privacy of your software, phone and internet connections or meeting space. Before each session, please consider how you will ensure confidentiality. This could include playing music outside your door and putting a sign on your door to not be disturbed.
- You understand and accept that Friedman Counseling Services, LLC, does <u>NOT</u> provide emergency services. If you are experiencing an emergency, you understand that the protocol would be to call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, you may also call or text 988 to reach the National Suicide and Crisis Line for free 24-hour hotline support. You can also reach the National Suicide and Crisis Line by calling 1-800-SUICIDE.

## **HIPAA** and Your Privacy

- SimplePractice, used for web-based counseling, is HIPAA compliant and does not use or leave adware, spyware, advertising, pop-ups, etc. active on your computer.
- E-therapy sessions are not recorded by Friedman Counseling Services, LLC, on any hard drives, servers, thumb drives, or any other media storage device.

• Friedman Counseling Services, LLC, is bound by law to protect your privacy and confidentiality. If you believe anything in the process compromises your privacy please inform me immediately.

# **OTHER**

- There may be reasons I will recommend in person sessions with me or refer to you someone else including not being comfortable using technology, having a poor internet connection, or sessions lacking privacy.
- Therapy is voluntary so if you find that telehealth sessions are not working for you, please let me know as soon as possible so we can discuss alternative arrangements.
- Please dress completely.
- I will only conduct sessions with clients who are currently in Ohio at the time of the session.
- The cancellation and no-show policy will not change for telehealth sessions from in-person sessions.

BY PROVIDING MY SIGNATURE HERE, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Print Full Name	
Signature	
Today's Date (XX/XX/XXXX)	