

Gina Candelaria, M.Ed., M.C., LPC

8115 E. Indian Bend Rd. Suite 119 Scottsdale, AZ 85250

480 332 7383 Email: counseling@GinaCandelaria.com

Informed Consent for Tele-Health/Video Therapy Sessions

Please note: This consent is in addition to the standard consent for therapy. Please read the following Tele-Health Consent Form and sign below. If you have any questions, please let me know and I will be happy to answer them.

Client Name: _____

I understand that during this time of social distancing due to the threat of spreading COVID-19, Tele-Health options are the way to access Counseling Services.

I understand that my options are: Phone Sessions, FaceTime Sessions or Sessions through Zoom. For best results, I should be in a quiet, private place with limited interruptions during the Tele-Health session.

I understand there are differences between Tele-Health Sessions and In-Person sessions.

I will discuss all my concerns or questions about Tele-Health with Gina Candelaria and may do so at any time.

I understand the potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that Gina Candelaria or I may discontinue the video or phone therapy session if either or both of us feel that the videoconferencing connections are not adequate for the situation.

Gina Candelaria agrees to inform me and obtain my consent if another person is present during the session, for any reason. I agree to inform my Gina Candelaria if there is another person present during the session.

I understand that during this time of extra usage of the internet system for people around the globe, there may be glitches or interruptions during Tele-Health Sessions. These will be addressed as much as possible to ensure a clear and comfortable Tele-Health Session.

I understand that Gina Candelaria has the right, as my provider, to terminate Tele-Health Sessions at any time if she deems it inappropriate to continue therapy through video sessions.

I understand the same confidentiality protections, limits to confidentiality and rules around my records apply to a video session as they would to an in-person session.

I agree to work with Gina Candelaria to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions.

I understand that FaceTime Sessions are not HIPAA compliant, but are approved by the Department of Health and Human Services Office for Civil Rights (OCR) for the duration of the COVID-19 Public Health Emergency.

Zoom Conferencing for Video Therapy Sessions are HIPAA Complaint, but also have the potential for unauthorized access due to the nature of internet delivery.

By signing this form, I certify:

I have read or had this form read and/or had this form explained to me. I fully understand its contents including the risks and benefits of the procedures.

I have had the opportunity to ask questions and have them answered to my satisfaction.

I agree to participate in video therapy session(s) with Gina Candelaria, M.Ed., M.C, LPC

Signature

Date

