



INFORMED CONSENT FOR TELEHEALTH SERVICES

In addition to all agreements made in the Consent for Services form signed prior to the initial session, agreement to the following is necessary prior to starting video-conferencing services in the states of Iowa or Florida. Telehealth services use interactive technologies (audio, video, or other electronic communications) between a practitioner and client who are not in the same physical location. Research shows telehealth services are as effective as in-person sessions. There are potential benefits and risks of video-conferencing that differ from in-person sessions. Benefits include continuing treatment when obstacles prevent in-person sessions. Risks include, but are not limited to:

- Limits to confidentiality: Someone or listening devices (ex: Alexa, Siri, Ring, babycam) may overhear our conversation if you are not in a private place.
- To protect confidentiality sessions will not be recorded by any party. Screenshots or photos will not be taken.
- Delays in evaluation or treatment could occur due to interruptions or failures of the equipment
- Software systems could fail, causing a breach of privacy of personal information
- Exchange of information, such as forms, may need to be done via client portal TherapyNotes or email. My therapist uses Hushmail, an encrypted system, to communicate and respond when the scheduling system doesn't allow.
- If technical complications occur and the session cannot be completed via TherapyNotes, we will use the in-session video chat to troubleshoot, communicate to change to HIPAA compliant Zoom, or call you to complete the session. The link Zoom link is at the bottom of www.fullhearttherapy.com or will be emailed to you.

If there is significant difficulty connecting at the beginning of the session, you will not be charged for the incomplete session.

Please list your phone number here: _____

To ensure a successful session occurs, please do the following:

- **Be in a quiet, private space free of distractions** (cell phone, other devices or tabs, other persons) during session.
- **Do not travel, drive, or be in the driver's seat** during a session. Doing so is a safety risk and a distraction.
- A few minutes prior to your session, login and click on your appointment information.
- Use a webcam or smartphone during the session.
- For security and privacy, use a secure internet connection rather than public/free Wi-Fi. Do not use your employer's equipment as they can monitor your activities, compromising your privacy.

If you are in need of care outside of the online session, or in case of emergency:

- Text or call 988
- Cedar Rapids: Call Foundation2: 319.362.2174
- Go to the nearest Emergency Room
- Call 911

I hereby authorize the use of telehealth services with Andrea Nus, LMFT, as indicated above and I agree to participate in and pay for telehealth services. I will have a direct conversation with my provider, during which I have the opportunity to ask questions regarding this process. I will present my questions regarding the risks, benefits, and any practical alternatives. I understand any of the above can be discussed and I can ask questions at any time, and either of us may determine the adequacy of use of telehealth services at any time. I agree to use client portal TherapyNotes's, video platform for virtual sessions and HIPAA compliant Zoom should TherapyNotes fail to operate.

Printed Name of Client

Signature of client

Date

I, Andrea Nus, LMFT, have met with the above referenced client, informed them of the issues and points raised in this document, and responded to all of their questions.

Andrea Nus, LMFT

Date