

Peek Counseling, PLLC  
Telebehavioral Health Informed Consent

Introduction of Telebehavioral Health:

- As a client receiving behavioral services through telebehavioral health technologies, I understand:
- Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client who are not in the same physical location.
- The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols:

- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.

Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

Exchange of Information:

- The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means or through postal delivery.
- During my telebehavioral health consultation, details of my medical history and personal health information may be discussed with myself or other behavioral health care professionals using interactive video, audio or another telecommunications technology.

#### Local Practitioners:

- If a need for direct, in-person services arises, it is my responsibility to contact Peek Counseling or my primary care physician if my behavioral practitioner is unavailable. I understand that an opening may not be immediately available.

#### Self-Termination:

- I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.

#### Risks of Technology:

- These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

#### Modification Plan:

- My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me with the technologies we have agreed upon today and modify our plan as needed.

#### Emergency Protocol:

- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
- In emergency situations ▪ call 911, or go to your closest hospital, call the Colorado Crisis hotline at 1-844-493-8255.

#### Disruption of Service:

- Should service be disrupted ▪ We can try to reconnect, you can send me an email or call me directly. [peekcounseling@katiebisbeepeek.com](mailto:peekcounseling@katiebisbeepeek.com), 303-489-9579

#### Practitioner Communication:

- My practitioner may utilize alternative means of communication in the following circumstances: o If we get disconnected, or if the space becomes not confidential and we need to reschedule by phone or email.
- My practitioner will respond to communications and routine messages within 24 hours during office hours.

Client Communication:

- It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
- I will take the following precautions to ensure that my communications are directed only to my practitioner or other designated individuals:
  - Make sure to be in a safe and secure space when using telebehavioral health services.
  - Close the door and make sure windows are closed.
  - Make sure no one is in the room with me, unless approved and with consent.
  - Make sure to have secure connection, using my practitioner’s portal, and not have other websites or social media on my desktop running at the same time.
- My communication exchanged with my practitioner will be stored in the following manner:
  - Only using the secure portal and not taking pictures or screen shots to send it to other people.
  - Make sure to logoff and exit out when done with the therapy session.

Laws & Standards:

- The laws and professional standards that apply to in-person behavioral services also apply to telehealth services.
- This document does not replace other agreements, contracts, or documentation of informed consent.

Confirmation of Agreement:

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

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Practitioner: Katie Bisbee-Peek, MA, NCC, LPC, ACS

Signature of Practitioner: *Katie Bisbee-Peek, MA, NCC, LPC, ACS*

Date: 3/18/2020