

Informed Consent Addendum for Telehealth Services
Yvette Massey, MA, LPC, CST

This is to be used in conjunction with, but does not replace, the Informed Consent documents that are required of all clients prior to starting therapy services.

Definition of Telehealth: Telehealth includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making through the use of internet-based videoconferencing. Telehealth services may include psychological health care delivery, consultation, coaching, and/or counseling. Telehealth services will occur primarily through interactive audio, video, and telephone communications.

1. I understand Telehealth delivery by Yvette Massey, MA, LPC, CST may occur only with current residents of Texas. The current laws that protect privacy and confidentiality also apply to Telehealth. All existing laws regarding client access to mental health information and copies of mental health records apply. Any exceptions to confidentiality are described in the Informed Consent documents I received prior to my first visit (additional copies available upon request).

2. I understand that I have the right to withhold or withdraw my consent to the use of Telehealth services in the course of my care at any time, without affecting my right to future care or treatment.

3. I understand that there are risks and consequences from Telehealth services, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Yvette Massey, MA, LPC, CST utilizes HIPAA compliant audio/video transmission software to deliver Telehealth services via Doxy.Me or Vsee.

4. I understand there are benefits from Telehealth services, including, but not limited to the following: more geographical options, less cost and/or time spent on transportation, ability to receive therapy at home or work, and greater access to specialty care.

5. I understand and agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I will immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Payment for Telehealth Services: Session costs are outlined in the Informed Consent document received at intake. Payment is to be made prior to time of service using Square online payment page found on Yvette Massey’s website (<https://yvettemassey.weebly.com/store/c2/Payments.html>). Payment may also be made using Credit Card on File arrangements.

Client Consent to the Use of Telehealth Services

I voluntarily agree to receive Telehealth services and authorize Yvette Massey, MA, LPC, CST to provide such services as are considered necessary and advisable. I understand that I may withdraw consent for Telehealth services at any time. By signing this Informed Consent I acknowledge that I have both read and understood all the terms and information contained herein and that ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client’s Name _____ Signature _____ Date _____

Client’s Name _____ Signature _____ Date _____

Counselor’s Signature _____ Date _____