During these uncertain times we are doing the best we can to move forward with the circumstances we have been given. Anxiety is high, and we are all trying to sort out our next steps. We understand that these recent circumstances are causing fear and disruption to your daily lives. We will get through it but we must accommodate the events as they unfold.

Because some may be unable to attend in-person session, I am offering TELEHEALTH (virtual, online sessions). Some insurances may also allow telephone sessions.

**How to go about enabling Telehealth.**

1. You will need to contact your insurance company to ensure that they will permit telehealth sessions. Identify if they will cover sessions by phone AND/OR via a HIPPA compliant telehealth computer program. Make sure you have this information in advance. **Most insurance companies have been hustling to add this benefit given the impact of COVID19 so it is likely your insurance will cover this benefit. \*\*\*\***As the days go by, I am getting word that there are more and more insurances authorizing telehealth but I want you to make sure you are covered.
2. ***Sign the consent form.*** The consent will need to be on file in order to move forward. You can submit the release in several ways.
   1. You can hand deliver it to an appointment at your next physical session so it is ready and available in case you need it.
   2. You can fax it to the office fax which is 719-471-7840.
   3. If you do not have a fax machine available, you can scan and email the document to my UNMONITORED email address which is [crrichman@hotmail.com](mailto:crrichman@hotmail.com). Do not use the email for any other correspondence.
   4. You can copy the text of the release into the correspondence section and email it to me via Therapy Appointment and sign with your name. A computer signature will be sufficient at this time.
3. Below you will find a document giving you instructions on how to use ZOOM. It would be wise to try to set up your zoom session a minimum of 15 minutes before your meeting to make sure you can work out the kinks. Since you and I will both be learning, there may be some frustrations along the way.

1. ­­­­­­­­­­You will need a **good WIFI connection and privacy**. For the actual session, a computer or tablet works better than a phone because it can be placed on a table where we can work together. A phone will work too it may just be a little more inconvenient.
2. If the session is for a **child**, they may want to “show me around” their home or room. Some may be outgoing, and others may need their parent present to help them get started. In the case that the child will need privacy (and the parent will not be present) the parent will need to help them make sure they are connected before leaving the room. We will just have to figure it out with your particular situation. The younger the child, the more preparation the parent will have to have ahead of time as simply talking on the computer for an hour might be difficult. Some Ideas for the Telehealth Session:

* We can play various games. It would have to be games that both of us have. I have games like Candyland, Sorry, Chutes and Ladders, Trouble, Connect Four and Guess Who. These can be played by one or both of us, helping the other with picking cards and moving the characters on the board.
* If you have play dough, I have play dough. If you have Legos, I have Legos. Your child and I can build things together as we talk, like what could we build to show how it feels to be worried?
* If you have art supplies, we can adjust our cameras so we can see each other coloring and share our work together.
* We can play I Spy; Red Light, Green Light; or Mother May I.

Remember: Even with telehealth, you are still the driver of your child’s therapy. If you have any preferences below or other things that will help, please let me know by email or at the start of our session.

**Instructions for ZOOM**

* You will need to inform me ahead of time that you would like to use the TELEHEALTH option for your session. While telehealth is not the preferred method of therapy, it can be used in a pinch.
* Make sure that you have provided me your email address. A current email will be required to send you the link to sign in to zoom. If you need to do session by phone, just let me know. Some may not have access to a computer or stressed by setting it up. Just let me know what works for you.

INSTRUCTIONS

* Once you have set a date and time AND provided me your preferred email address, I can send you a zoom invitation (ahead of time if I can). At the time of the meeting you will go to the email and click on the link provided. (See the YouTube video below.) You can go to the meeting AHEAD of time to ensure you have set it up on your computer in advance to test your equipment and look at the features. That will help you feel more at home with the product.
* It is my understanding that we will use this same link each time we meet (please be sure to keep the link for future meetings) It will bring you to “join meeting”.  If this changes, I will inform you.
* First-time users will need to download and run the program to join the meeting…..THEN once you are in meeting you may need to download/run the program to use sound. Please be sure to do both steps. First-time users should log in around 15 minutes early so they can do this step.
* It is beneficial to wear headphones when in ZOOM meetings to minimize any feedback but it is not necessary.
* On the bottom left side of the screen you will see a microphone and video icon. That is where you will mute and unmute yourself during the meeting. Make sure there is no line thru the icon when we start the meeting as the line indicates you are muted.

Browsers recommended by Zoom are as follows:

* Internet Explorer 10 or higher.
* Microsoft Edge 38.14393.0.0 or higher.
* Google Chrome 53.0.2785 or higher.
* Safari 10.0.602.1.50 or higher.
* Firefox 49.0 or higher.

MAC first time users: you may need to go into security and unlock your computer to allow ZOOM audio communication. You will only need to do once and CAN ONLY do it when you are ready to screen share.

Zoom has a user guide online that might be helpful which is:

<https://support.zoom.us/hc/en-us/articles/204772869-Zoom-Rooms-User-Guide>

The following YouTube video shows how to join a zoom meeting:

<https://www.youtube.com/watch?v=hIkCmbvAHQQ>

Finally, if we are unable to problem solve technology related to Zoom, we can do a phone session.

**Informed Consent for Telehealth Services**

**Definition of Telehealth:** Telehealth involves the use of electronic communications to enable Cindy Richman of Family Ties Counseling, Inc. to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, and referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. Copy of the policies that you have signed are all online for your reference.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth 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, 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. FTC utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via Doxy.me.
4. I understand that my practitioner will not be physically in my presence. Instead, we will see and hear each other electronically, or that other information such as information I enter into an “app” will be transmitted electronically to and from myself and my practitioner.
5. Regardless of the sophistication of today’s technology, some information my practitioner would ordinarily get in in-person consultation may not be available in teleconsultation. I understand that such missing information could in some situations make it more difficult for my practitioner to understand my problems and to help me get better. My practitioner will be unable to physically touch me or to render any emergency assistance if I experience a crisis.
6. I understand that tele behavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized.
7. By signing this document, I 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 should 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:**

Family Ties Counseling, Inc. will bill insurance for telehealth services. It is the client’s responsibility to ensure that the benefit is covered by their insurance. The standard copay and/or deductibles would apply. You may wish to pay out-of-pocket, if there is no insurance coverage or your insurance benefit does not cover telehealth services.

**Patient Consent to the Use of Telehealth:**

I have read and understand the information provided above regarding telehealth and have asked any questions that may have arisen. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name Date**