



Joyful Hearts Counseling

Limits and Risks Associated with Telepractice/Email Use in Therapy

Although I use firewall, and my computer and files are password protected, I cannot guarantee absolute confidentiality in the use of telepractice/email exchange. I utilize a conference service through doxy.me that is an encrypted video service and HIPPA compliant, however my e-mail, phone calls, and text messages are not encrypted forms of professional exchange. If you choose to communicate with me via technology in any way, I will assume that you have made an informed decision, and I will view it as your agreement to take the risk that the exchange may be intercepted or interrupted.

Specific to telepractice exchange (phone or video), the client will identify him or herself by stating name, birthdate, residence zip code, and current location (address and phone number). The client will verify s/he is alone and in a confidential location. If client is not alone s/he will need to complete the necessary forms for additional people to be present during the counseling session.

It is possible that during our telepractice exchange the Internet connection may be disconnected or paused due to circumstances beyond either of our control. If this happens we will wait 2 minutes and try to connect again. If we are unable to reconnect at or near our scheduled time, we will call or e-mail with alternative times to resume or reschedule our exchange.

My secure appointment waiting room for teletherapy can be found at: <https://doxy.me/JoyfulHearts> Please note that this link will not work on Windows Edge browsers. You must use either Google Chrome or Firefox on Windows devices such as a PC, laptop or tablet. For iPad users, Safari will work as well. You should also be able to use your smart phone, especially if you don't have a web camera capability on your computer. You may also be able to reach me at my office number: (480)-420-8426 or via email at: Leslie@joyfulheartscounseling.com

If I choose to communicate via phone call for counseling sessions, please use the following number/s:

1. _____ - _____ - _____ home/cell/work/other _____
2. _____ - _____ - _____ home/cell/work/other _____
3. _____ - _____ - _____ home/cell/work/other _____

If there is no answer, I authorize that you can leave a message identifying who you are and a call back number

Yes _____ No _____ (initial)

If someone answers the call, and it is not you, I am authorized to leave a message with my name and phone number.

Yes _____ No _____ (initial)

I understand that telepractice will be a secondary support in my treatment, and that face-to-face will be the primary form.

Yes _____ No _____ (initial)

My signature indicates my understanding of the limitations and confirms my agreement to include this method of communication in my contact with Leslie Pechkurow, LPC. My signature also reflects that I have had an opportunity to ask questions regarding Leslie's use of telepractice and my questions have been answered.

Client name	client signature (or parent/guardian)	date
Joyful Hearts Counseling 2345 S. Alma School Rd. #110 Mesa, AZ 85210	(480)-420-8426 Leslie@joyfulheartscounseling.com www.joyfulheartscounseling.com	