Joyful Hearts Counseling

Limits and Risks Associated with Telepractice/Email/Text 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/text exchange. I utilize a conference service 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, and current location (address and phone number). The client will verify s/he is alone and in a confidential location as well as naming an emergency contact. 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.

If I choose to communicate via phone call for counseling sessions, or communication between appointments, 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)

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**

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