

Tele-Counseling Instructions for Sarah Walker:

What you need:

Phone or computer with Safari or Google Chrome

What to do:

A few minutes before your appointment, go to your browser and write: **doxy.me/sarahwalkercounseling**

A window will open that will say:

Welcome!

Please check in below to let Ms. Walker know you are here

Enter your name here

Enter your name and click on “Check In”

You do not need to create an account.

Click on “Enable camera” and allow your microphone to be used (if using computer).

Now you will be in a **virtual waiting room**.

Sarah will get to you at the time of your appointment.

Sarah Walker Tele-Counseling Informed Consent Form

Due to the recent public health crisis with the Coronavirus in the area, we have decided to offer tele-counseling appointments to follow the recommendations of social distancing. Tele-counseling is defined as counseling services provided using electronic, telephone, or visual communications.

1. I, the patient or legal guardian of the patient, understand that **Sarah Walker**, currently offers tele-counseling appointments via phone and visual communication instead of in-office visits while dealing with the Coronavirus outbreak in the area. We offer this visual communication option through the **Doxy.me** platform (which is HIPAA and HITECH protected).
2. I, the patient or legal guardian of the patient, do understand that, in the event of a technology failure during a phone and visual communication session, immediate steps will be taken by the counselor to reconnect. Contact via phone is the first backup step to failed phone and visual telecommunication reconnection. The counselor will attempt to reconnect twice (and I will do the same, as well). I, the patient or legal guardian of the patient, will confirm receipt of successful contact. If the allotted appointment time is compromised, the appointment will need to be rescheduled by the patient/legal guardian of the patient to the next available slot. Unless other arrangements are made, the interrupted and rescheduled appointment will be billed.
3. I, the patient or legal guardian of the patient, understand that **Sarah Walker** will not record my visual or phone sessions. I also understand Sarah Walker does **not** consent to video or audio recording of the tele-counseling visits.
4. I, the patient or legal guardian of the patient, understand that the laws that protect the confidentiality of my personal information, also apply to tele-counseling. As such, I understand the information released by me during the session is confidential.
5. I, the patient or legal guardian of the patient, understand that there are risks and consequences from tele-counseling including, but not limited to, the possibility, despite reasonable efforts on the part of Sarah Walker, that the transmission of my personal

information could be disrupted or distorted by technical failures. I understand that tele-counseling services may not be as comprehensive as in-person services. This approach is being considered due to the risk/benefit ratio with taking account the public health crisis of COVID-19 and risk of spreading the virus.

6. I, the patient or legal guardian of the patient, understand that in the event of an emergency, and if I cannot reach Sarah Walker, I can call 911 or go to the nearest emergency room.

7. I, the patient or legal guardian of the patient, understand that I have to use **doxy.me/sarahwalkercounseling** to do tele-counseling or to reschedule my appointment.

8. I, the patient or legal guardian of the patient, understand that the option for tele-counseling visits is a **temporary** way to address health concerns related to office visits in the setting of the Coronavirus outbreak. Due to Texas Medical Board and private insurance regulations, this option is **temporary** and may not become a long-term substitution to in person office visits once the outbreak is contained.

9. I understand that **private insurances** may have different reimbursements or fee schedules for tele-counseling visits. Many insurances may not cover tele-therapy sessions, or they may only cover it with certain providers/systems. We ask that you contact your insurance to demand that they cover it due to the circumstances. We will bill your insurance. If they do not cover it, **we will honor the fee you would had paid for an office visit**. However, we would appreciate it if you can contact your insurance and try to get them to approve it.

I have read and understand the above information. By signing this document, I agree to participate in tele-counseling with Sarah Walker.

Patient/legal guardian signature: _____

Patient/legal guardian name: _____

Date: _____