



Technology-Assisted Services - Informed Consent Addendum

This addendum is an addition to Arcadian Counseling's general Informed Consent to therapy and related services. Clients who wish to receive services by use of **video conference** will be subject to agreement to the following:

Confidentiality When Using Technology:

Creating an appropriate and confidential space is essential in any treatment. Arcadian Counseling makes all appropriate efforts to ensure your confidentiality as if meeting in person. We strongly encourage clients to **take all reasonable efforts** to ensure confidentiality on your end by choosing a space that is free of distractions (includes but not limited to restricting access in and out of chosen space, phone on Do Not Disturb, quiet location, etc.) and restricts potential eavesdropping of treatment in progress.

I have read and agree to the above policy _____

Privacy with Personal Health Information and HIPAA:

Arcadian Counseling has researched and chosen a platform for Tech-Assisted treatment that is HIPAA compliant and protects the PHI of our clients. Communication outside the chosen platform is prohibited in order to comply with the Federal and State requirements for client privacy and protection. Client understands that text messages and phone calls via cell phone are not confidential.

I have read and agree to the above policy _____

Forms and Signatures:

All intake paperwork, assessments and additional forms for client will be sent to the client ahead of the scheduled appointment time for review. The completed forms can then be scanned and emailed to Arcadian Counseling for storing. Client is strongly encouraged to return paperwork 24 hours before first session to ensure the most effective use of time during the first session.

I have read and agree to the above policy _____

Handling an Interruption in Technology During Services:

If there is an interruption of the session due to WIFI issues/connection, power outage, or other extraneous issues, the therapist will attempt to use other means of communication to continue the session. For example, if meeting by video conferencing and disconnection occurs, the therapist will use a landline or cell phone to call to continue session. As a last resort the session may be rescheduled. We will make every reasonable effort to create an uninterrupted treatment experience.

I have read and agree to the above policy _____

Recording Policy:

There will be **NO** recording of any communication (phone, video, email or text) between client and Arcadian Counseling, unless all parties are in agreement and permission is granted in writing.

I have read and agree to the above policy _____

Best Practices:

Arcadian Counseling takes your privacy and confidentiality very seriously. Therefore, we have taken every effort to implement up to date policies and procedures to be compliant with current government and board standards within the state of Connecticut and Arizona. A signed Arcadian Counseling HIPAA Disclosure for treatment in addition to this Tech-Assisted Addendum by the client communicates the desire and adherence to Arcadian Counseling policies and procedures.

I have read and agree to the above policy _____

Failure to Comply to Policies/Procedures:

If the client does not adhere to the above policies and procedures, Arcadian Counseling has the right to discontinue Tech-Assisted Services and either make alternative arrangements for services or provide appropriate referrals for treatment.

I have read and agree to the above policy _____

I, _____, give my consent for treatment for myself or my minor child,

_____, through Arcadian Counseling. I understand all of the above sections that I have initialed, and agree to pay for services when rendered.

To be signed by client/s

Signature

Date

Signature

Date
