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## **TELEHEALTH/TELETHERAPY AGREEMENT**

After intake and the establishment of a therapeutic relationship, it may be possible for treatment delivery to occur via interactive video-conferencing (i.e., virtual "face-to-face" sessions) in lieu of, or in addition to, "in-person" sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. The VC systems we use ([www.doxy.me](http://www.doxy.me), [www.therapynotes.com](http://www.therapynotes.com), Talk url) meet HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan to "join" our online meeting.

Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state. VC may also be used within our office location (room to room) for Parent Child Interaction therapy or other parent coaching.

During the telehealth visit via VC a) medical history, examinations, and tests details of you and/or your child will be discussed with the client or with other health professionals through the use of interactive visual and audio aids, and other technology, b) observation-of the client and guardian may occur, c) non-medical and/or technical personnel in the telemedicine studio may be present for the purpose of technology assistance, quality observations, or teaching opportunities, d) video, audio, and/or digital photo recordings may be taken during the telehealth visit.

Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Maryland state law apply to information disclosed during this telemedicine consultation.

Risks to VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

## **TELEHEALTH/TELE THERAPY AGREEMENT (cont.)**

You may withdraw consent for any telehealth/telemedicine session or consultation at any time without impact on your right to future care or treatment, or without risking withdrawal from program benefits to which you would otherwise be entitled. You have the option to consult with the specialist in person if you travel to their location when in person services are offered. During long term facility closures due to natural disasters or pandemics, Brighter Hope Wellness Center (BHWC) may deem it unsafe to provide in-person sessions or consultations. If in-person visits are deemed unsafe, BHWC will make our best effort to provide referrals to clinicians who are providing in-person services at the client's request.

By signing the document below, you are stating that you are aware that your provider may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911. Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, etc.).

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Physician or Psychiatrist Name & Relationship	Telephone number(s)
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Crisis Hotline and local Crisis Center Names	Telephone number(s)
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Family Member Name & Relationship	Telephone number(s)
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Friend Name & Relationship	Telephone number(s)
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**TELEHEALTH/TELE THERAPY AGREEMENT (cont.)**

By signing this Telehealth/Teletherapy Agreement you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of GT, GQ, or 95) via video conferencing.

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Client Signature Date

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Client Print Name

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If for minor, Parent or Legal Guardian Signature Date

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Parent/Legal Guardian Print Name(s)

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Clinician Signature Date

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Clinician Print Name