

UPLANDS COUNSELING

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UCA - INFORMED CONSENT FOR TELEPHONE AND/OR TELE THERAPY (VIDEO) SERVICES - 2022

Prior to starting telephone and/or telehealth (video) conferencing services, we **discussed and consented** to the following:

- There are **potential benefits and risks** of telephone and/or telehealth visits (video) that differ from in-person appointments (e.g., limits to privacy).
- **Confidentiality applies** for telephone and/or telehealth visits (video); **no one will record the conversation.**
- UCA has partnered with a **HIPAA compliant video platform service.** Your clinician will explain how to use it.
- In the event of a crisis, **we have or will establish a safety plan.** We will ask you to **provide the full name and telephone number of an emergency contact person who is near your location.** We agree that you give verbal permission and/or complete a Release of Information for your clinician (or the clinic designee) to contact this individual in the event of a crisis or emergency.
- It is important to:
 - **be in a quiet, private space** that is free of distractions (including cell phone or other devices) during the appointment; we agree that **you will not be operating a motor vehicle** during the appointment.
 - **use a secure internet connection** rather than public/free Wi-Fi.
 - **be on time;** if you need to cancel or change your telephone or telehealth appointment, please notify your clinician with 24 hours advance either **by telephone or email.**
- In the event of technical problems, **we will establish a back-up plan** to restart the session or to reschedule it.
- If you are **not 18 years or older, we need the permission of your parent or legal guardian** (and their contact information) for you to participate in telephone and/or teletherapy sessions.
- You should **confirm with your insurance company that telephone and/or teletherapy (video) sessions** will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- If you are not in Wisconsin at the time of your appointment, we may need to reschedule due to licensing requirements.
- As your clinician, **I may determine that due to certain circumstances, telephone and/or telehealth (video) appointments are no longer appropriate** and that we should resume in-person appointments.

Date: _____ Clinician Name / Signature: _____

Client Name: _____ Signature of Client/Client's Legal Representative: _____

Emergency Contact Name: _____ Telephone: _____