

UPLANDS COUNSELING ASSOCIATES, INC.

Erin W. Bartnick, PA-C, CAQ-Psych, LCSW
Rebecca M. Batty, MS, MFT-IT
David M. Guilfoose, MPsy., M.Ed., LPC
Nicole M. Kaiser, LCSW
Nancy J. Kottke, LCSW, SAC
Lori L. Kuntz, LCSW
Jacqueline S. Landess, MD

Courtney R. McCarthy, LMFT
Marcia Roum Brue, LPC
Hayley N. Shilling, Ph.D.
Mary E. Smith, LPC
Myrna F. Solganick, LCSW, LPC
Ruth M. Waters, LCSW
David E. Wilsher, LPC, SAC

UCA - INFORMED CONSENT FOR TELEPHONE AND/OR TELETHERAPY (VIDEO) SERVICES – Updated 2023

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: _____