SOLUTION FOCUSED FAMILY CENTER

Interview Offices:
5950 Park Vista Circle, Suite 110
Fort Worth, TX 76244

4875 Preston Rd, Suite 200
Frisco, TX 75034

Mailing Address:
8553 N. Beach St., Ste 189
Fort Worth, TX 76244

Telephone: 817-966-5401
Fax: 817-840-5519
www.solutionfocusedfamilycenter.com
info@solutionfocusedfamilycenter.com

Informed Consent for Telehealth Services

I hereby consent to engage in telehealth sessions and therapy with Solution Focused Family Center. Telehealth is a modern approach to delivering psychological and counseling services via Internet technology, which includes consultation, treatment, and the exchange of medical data through emails, telephone conversations, and education. These sessions utilize interactive audio, video, and data communications to facilitate our work together.

I understand that telehealth therapy may involve the communication of my mental health information both orally and visually. While the intention and purpose of telehealth are similar to face-to-face sessions, the experience may differ due to the nature of the technology. Telehealth sessions occur when the therapist and client are not in the same physical location but connected through secure, interactive electronic systems that employ network and software security protocols, including encryption, to protect the confidentiality of my information and audio-visual data.

This document outlines my rights, the risks and benefits associated with receiving telehealth services, as well as the policies in place. I am encouraged to read this information carefully and note any questions I would like to discuss. Telehealth services encompass a broad range of clinical offerings and can be delivered through various technology-assisted media, including secure two-way encrypted video chats, smartphones, tablets, and desktop systems. Secure synchronous video communication is the preferred method for delivering these services.

Client Rights, Risks, and Responsibilities in preparation and during Telehealth Sessions

- State Regulations: Therapy occurs in the state of Texas and is governed by Texas laws. The client must be a resident of Texas, which is a legal requirement for therapists practicing in the state. Exceptions may apply for therapists licensed in other states or during national health crises that prevent travel. Please discuss this with your provider.

- Confidentiality: The laws protecting the confidentiality of my private healthcare information (PHI) also apply to telehealth sessions. Information disclosed during therapy is generally confidential unless explicitly agreed otherwise. I will not include others in the session unless agreed upon. However, there are mandatory and permissive exceptions to confidentiality, as described in the general consent form I received at the start of my treatment.

- Family Therapy Considerations: If I participate in family or reunification therapy, joint sessions may require the presence of other individuals. If I am the parent of a minor requesting an individual session, I understand that the minor will have privacy.

- Withdrawal of Consent: I have the right to withdraw from therapy at any time without affecting my rights to future care. However, if I am under a court order, consequences may arise from refusing treatment.

- Understanding Therapy Risks: I acknowledge that while I may benefit from therapy sessions, such outcomes cannot be guaranteed. I understand that there are potential risks and benefits associated with psychotherapy, including the possibility of misunderstandings due to the modality of communication.

- Session Privacy: Both the client and therapist will take precautions to ensure session privacy and confidentiality. All participants in the session must be identified prior to the session, and permission should be obtained for any visitors to be present during the session.

- Technical Requirements: I am responsible for providing the necessary computer and telecommunication equipment, along with a reliable internet connection for my sessions. I must arrange a location that offers sufficient lighting and privacy, free from distractions or intrusions. I also understand that my therapist will ensure their own equipment and environment meet security and legal standards.

- Risks of Teletherapy: I understand that there are risks associated with teletherapy, including potential transmission disruptions due to technical failures or unauthorized access to my information. I am responsible for maintaining the security of my electronic devices and the confidentiality of my information.

- Equipment Functionality: It is my responsibility to ensure that my equipment is functioning properly before each session. I acknowledge that technical issues may arise, and I should keep my contact information up-to-date for any backup plans, such as switching to a phone session.

- Recording Sessions: Solution Focused Family Center will not record sessions without prior written consent, and I will not record any sessions without consent.

- Emergency Services: Teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that I should call 911 or proceed to the nearest hospital emergency room. For suicidal thoughts or plans to harm myself, I can contact the National Suicide Prevention Lifeline at 1-800-273-TALK for 24-hour support. Clients at risk of harm to themselves or others are not suitable for therapy sessions with Solution Focused Family Center, and my therapist will recommend more appropriate services if needed.

Acknowledgment
I have read and understood the above information and have had the opportunity to ask questions. I voluntarily consent to participate in telehealth services.

Do not sign this form unless you have read and understood it.

Signed this _____ day of _____, 20_____.

_____ _____

Signature Printed Name