

Karyn L. Aho, Ph. D.

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Telehealth Informed Consent Information

Telehealth is the delivery of health services with the provider and recipient of these services being in separate locations and the services being delivered over electronic media. These services may include videoconferencing, email, text messaging, visual environments, and other mediums. In order to utilize telehealth services, it is necessary that you have access to an Internet service and that you have a technological device such as a computer, laptop, smart phone, or mobile tablet.

Please consider and consent to the following rights and responsibilities for using the telehealth medium for psychotherapy sessions:

Your Telehealth Rights:

- I understand that the same laws that protect privacy and confidentiality of mental health information for in-person psychotherapy also apply to telehealth sessions.
- I understand that my provider is using technology which is encrypted to prevent the unauthorized access to my private health information. (My provider is using doxy.me--a HIPAA compliant platform for telehealth.)
- I understand that there are benefits to receiving services via telehealth. These benefits include being able to receive services when you are unable to travel to the service provider's office and/or being able to receive services at times or in places where the services might not otherwise be available.
- I understand that there are potential risks to receiving services via telehealth. This technology can be subject to interruptions due to poor internet connections or the failure in computer or smartphone hardware or loss of power. Additionally, there is some risk of malicious actors "hacking" into a session and accessing private information in the process of the telehealth service delivery.
- I understand that I can discontinue telehealth services at any time. Telehealth service delivery may not be a good fit for everyone. My provider will continuously assess this and discuss any concerns with me. I understand that my withdrawal of consent to telehealth services will not affect any future care or treatment.
- I understand that my provider also has the right to withhold or withdraw from the use of telehealth services during the course of my care at any time.
- I understand that all electronic messages I exchange with my provider (e.g. emails, text messages) will become a part of my health record.
- I can direct my questions about telehealth sessions at any time to my provider.

Your Telehealth Responsibilities:

- I understand that telehealth conferencing technology will not be the same as an in-person session with my provider since I will not be in the same room as my provider. I will be responsible for creating a quiet, private space free from distractions. If you are unsure how to do this, please ask your provider for assistance.
- I will inform my provider if any other person can hear or see any part of our session before the session begins.
- I agree that I will not record any telehealth sessions without consent from my provider. I understand my provider, likewise, will not record any of our telehealth sessions without my written consent.
- I agree to use a secure internet connection (not public Wi-Fi) for my telehealth therapy sessions.
- I understand it is important to be on time and I agree to cancel or reschedule 24 hours in advance of my therapy session.
- I agree to have a back-up plan in the event of technological failure (phone number for my provider to call).
- I agree to provide contact information for an emergency contact for telehealth visits who could be contacted in the event of an emergency.
- I understand that my provider's phone number and email address are not a crisis resource. Use of these mediums for communication should be limited to scheduling, confirming, or changing appointments and billing issues or questions.

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Insurance, Fees, & Payment:

Please note that you will need to check with your insurance company to ensure that Telehealth is covered by your group plan, as most but not every plan will cover Telehealth. If your insurance plan does not cover telehealth, please contact the office as soon as possible.

Fees vary by the service provided. If you have coverage through a health insurance plan, my office will bill them for you as a courtesy. Ultimately, what your insurance pays is between you and your insurance company, you are responsible for your balance. Please be prepared to make your copay or co-insurance payments at the time of your appointment or make other arrangements before your appointment.

I can accept a payment from you during your telehealth session. [Doxy.me/drkaho](https://doxy.me/drkaho) is partnered with Stripe, a credit card payment service which can accept payments from credit/debit cards. You may also prefer to mail a check to my office address at 492 E. 13th Ave., Suite 102, Eugene, OR 97401.

Communications:

I subscribe to several digital services that can allow us to communicate more privately through the use of encryption and other privacy technologies. These options are at no cost to you however, each requires some setup before they can be used. You may also choose to opt out of secure communication services and receive unencrypted communications. If you wish to communicate with me via unencrypted email or text message, please read and sign the Consent for Non-Secure Communications form on my website.

If I am unavailable at the time you call, I will attempt to return your phone call in 24 hours. If you need immediate assistance or emergency care, please call the area 24 hour crisis lines: Whitebird at 541- 687-4000, or Sexual Assault Support Services at 541-343-7277. Also, in case of emergency you may call 911 or walk into your local Emergency Room or Urgent Care Center.

The most effective ways of reaching me:

- **Phone:** office landline 541-342-5558.
 - You may leave messages on the confidential voicemail
- **Text message:** smart phone 541-543-9300
 - Secure/encrypted - **Signal** is a free app that you can download to your computer or smartphone.
 - Non secure – Normal text message
- **Email:**
 - Secure/encrypted hushmail email address: drkaho@karynaho.com
 - Non secure general email address: aho.karyn@gmail.com

Acknowledgement & Signatures

I have read and understand the above statement of policies.

I note that my signature below indicates that I authorize the release of any medical or other information necessary to submit insurance claims for my treatment on my behalf. I agree to assume financial responsibility for any and all charges my health insurance company does not pay for telehealth services. This includes co-pay, co-insurance, policy deductible, and any and all non-covered services and the outstanding balance after the insurance company has submitted their payment.

Client Signature

Date