

Linda Hanby Family Therapy
Washington State License # LF60256554
Telehealth Informed Consent

Telehealth therapy is an added form of treatment, in an area not yet fully validated by research, and that this form of treatment has potential risks, such as possibility that the technology may fail before and/or during the session. It allows patients to receive services without the need for travel time. Zoom is the method used for these sessions. I recognize that there is the possibility of information being intercepted by an unauthorized individual. I also am aware that these possible interceptions have been discussed and every effort to reduce this event, has been made.

In the state of Washington, telehealth is when a health care provider uses HIPPA-compliant, interactive, real-time audio and visual telecommunications to conduct sessions. Linda Hanby will deliver services that are within her scope of practice to a patient at a site that is other than where the provider is located. This service is provided by technology (including and limited to ZOOM or Facetime). There are benefits and limitations to this type of service. You will be required to fill out a safety plan for emergencies. We will also discuss what actions to take should there be an interruption, either physically or electronically.

Telehealth is received in your home or office. I can't be sure of the confidentiality, therefore it will be your responsibility to ensure your sessions are private and secure. If I am unsure, I will ask if you are in a confidential place and note your response.

The first session (INTAKE) must be conducted, and all forms signed, with Linda Hanby Family Therapy BEFORE Zoom session will begin. The purpose for this visit is to review and sign all documents required for telehealth to proceed. If you are outside of King County, where the office of Linda Hanby Family Therapy is located, you will need to download the forms and review them with Linda Hanby. **These forms include: Risk Assessment, Safety Plan and Initial Evaluation. Once all questions are answered and the forms are signed, the forms will need to be emailed or faxed, then received by Linda Hanby BEFORE sessions begin. Copies of all forms to be filled out can be found on the Resource page.**

You will only use your own equipment to communicate and not equipment owned by another, and specifically not using your employer's computer or network. There will be periodic reassessments to discuss the need for continuing services through the use of the technology agreed upon today.

I understand that I may be asked the identity of anyone that appears to be in the room during the session. I will be responsible for maintaining my confidentiality in the session. A note will be put in my session notes to confirm my confidentiality at all times.

The practice of telehealth is governed by the same Codes of Ethics and RCWs that apply to in office sessions. As such the following guidelines for Confidentiality and HIPPA apply. They are as follows:

- The right to confidentiality "What is said here, stays here.
- The right of clear communication...clarify if you don't understand

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PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Your Rights As A Client In Therapy

As a patient in therapy, you have certain rights that are important for you to know about. There are also certain limitations to those rights that you should know about.

As a patient of a Marriage and Family Therapist licensed in the State of Washington, you have the right to expect our communication to be kept confidential under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The confidence is yours, not mine, and cannot be waived without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

CONFIDENTIALITY: All issues discussed in the course of therapy will remain in the strictest of confidence except those for which you may choose to sign a release of confidentiality information (i.e. your medical doctor, other treatment providers or family members). Also, your insurance company or its agent may have the right to audit your records for the purpose that may include, but not limited to accuracy of claims, coverage of services, medical necessity, proper utilization and appropriateness of services and billing. In the course of clinical consultation, your case information may be discussed with other professionals. However, this is done without revealing any information that would identify you. Exceptions to confidentiality are provided by law. When Federal and State laws differ, the more stringent law supersedes the other.

HOW I MAY USE OR DISCLOSE YOUR PROTECTED INFORMATION

- **Public Health/Law Enforcement: the following situations are exceptions to your rights of confidentiality.**
 - If I believe that you are likely to do harm to yourself or another person, I am required by law to take steps to protect you and/or the other person.
 - If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children’s Protective Services or Adult Protective Services.
 - If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies require information including your diagnosis. I authorize the release of this information for use in third party pay only.
 - If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (courts, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents agreement to this requirement.
- In some case I may discuss your situation with others such as your physician or your former therapist. I will always discuss this with you and obtain your written permission.

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- I have discussed with Linda Hanby how future telehealth sessions will be performed and how it will be used for my treatment. Linda Hanby has reviewed with me how the sessions will differ from in-person services, including but not limited to emotional reactions that may be generated during each session.

APPOINTMENTS AND FEES

Appointments are scheduled once per week or once every other week. **The session lasts 45-50 minutes, The scheduled time is set aside for you. If you miss a session without cancelling or if you cancel with less than 24 hours notice, I will bill you in full for that time. *If you wake up sick and you have to cancel an appointment that day, you will be charged a co-pay.* Insurance or third party pay will not compensate you under these circumstances. If you are late for a session, you will be seen for the remainder of your time and billed for the full hour. My standard fee is \$125. per session. Payment must be made at the beginning of the session unless we specifically agreed on another method of payment. I accept cash, VenMo and Debit cards and some insurance at this time. A financial charge of 1 percent per month or \$2.00 minimum, whichever is greater, will be assessed on any balance that is outstanding for 30 days or more, unless you have made other arrangements. VenMo: @Linda-Hanby2**

I understand that at any time, the sessions can be discontinued either by me or by my designee or by my health care provider. I further understand that I do not have to answer any question that I feel is inappropriate. This will not affect my continued treatment and no action will be taken against me. I acknowledge that my diagnosis depends on the information I am willing to provide. I assume the risk that the diagnosis might be made incorrectly. Therapy is a marathon, not a sprint through life. My session notes will be stored in a written file, kept in a lock file in a locked room.

I understand that Intake information and disclosures I make, will be held in confidence subject to state and/or federal law. I understand that I may request access to medical records and that a copy of my records my sessions are available to me on my written request. I also understand, however, that if Linda Hanby, in exercise of professional judgment, concludes that providing my records to me could threaten the safety of a human being, including myself, she may rightfully decline my request. There will be a charge of \$.10 per page for these requests.

I have been given a copy of Linda Hanby's contact information, including her name and telephone number, business address and email address. It has been explained to me that Linda Hanby will not provide sessions via text or email. **Emails are to be used to schedule or cancel an appointment. Simple questions will be answered, but sessions will NOT be conducted in any form other than ZOOM or in office. The exchange of confidential session notes will NOT be exchanged through electronic means. During my telebehavioral health sessions, details of my mental health history and personal health information may be discussed, when appropriate, with the therapist via visual/ audio telecommunications technology.**

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We have developed a safety plan for me. Telehealth includes the possibility of an emergency and we have a plan with emergency contacts for use. If this emergency occurs while we are in session, I have given Linda Hanby permission to call the proper authorities. We have discussed the need to call 911 for local help with any emergency that occurs during or after my sessions.

TRAINING AND APPROACH TO THERAPY

Washington State Law requires all licensed mental health counselors to disclose their training, education, experience, and approach to therapy to prospective clients. Please feel free to discuss this information with me if you have any questions. Being a life-long learner, I continue to educate myself in newer methods of therapy through workshops and educational offerings.

My counseling background includes working with patients of all ages; children, adolescents and adults. My therapeutic orientation stems from Systems Therapy. Systemic theory is based in part on the assumption that how people think, feel and behave is largely dependent on their role or position in their family system. This role is usually rooted in the patient's family of origin. Part of therapy is an exploration of your role(s) and discovering how patterns reappear in the current situations such as family or social environment of your life. Collaboratively, we attempt to bring to light some habitual patterns of interaction that are sources of difficulty for you and/or your family. I will assist your learning and developing new ways of behaving that might be more useful for you. My role of therapist can be likened to one of a "coach"; I challenge old ineffective behaviors and beliefs. Together we create a safe environment where risks can be taken and new possibilities can emerge.

As we take this journey together. You are responsible for setting your goals and working toward change outside of the therapy hour as well as during it. My role is to educate and support you during this period of change. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them. I may, at various times, make suggestions and give advice, but of course, you are in control of what choices you make and how you implement them.

My theoretical approach to counseling is person centered. There are as many different approaches as there are people. My approach is based on the individual's need.

EDUCATION:

Telehealth Training February 2021
Disruptive Events Training June 2021
Dispute Resolution of King County Mediation Certification, Parenting Plans 2017...
Antioch University Seattle, Master's in Child, Couple and Family Therapy
Central Washington University, Bachelor of Science in Community Health, area of emphasis in Chemical Dependence.

LICENSES:

State of WA Marriage & Family Therapist License LF60256554
State of Washington Business License #601-698-528

EXPERIENCE:

27448 122nd Ave SE Kent, WA 98030

Developed 8/21

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|--|------------|
| Mediation and Parenting Plans: | 2013... |
| Child, Couple and Family Therapy in School based Services. | 2007-2008. |
| Chemical Dependence Professional with agency work | 1998-2000. |
| Facilitator for <i>Strengthening Family</i> parenting groups | 2003-2007. |
| Facilitator for Alcohol and Drug Information School | 2000-2007. |

I am a Licensed member of the American Association of Marriage and Family Therapist, (AAMFT). I must also answer to the ethical and professional standards of the Washington State Omnibus Credentialing Act for Counselors and the Uniform Disciplinary Act for the Regulation of Health Professionals.

Quality of Service

If you think I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you think that this does not resolve the issue, you may contact one or both of the following:

| | |
|-------------------------|--|
| State of Washington | American Association of Marriage and Family Therapists |
| Dept. of Health | Attn: Committee on Ethical & Professional Practice |
| Attn: Quality Assurance | 112 South Alfred Street |
| P.O. Box 47857 | Alexandria, VA 22314-3061 |
| Olympia, WA 98504 | (703) 838-9808 |
| (360) 236-4700 | www.aamft.org |

In brief, I understand that Linda Hanby will not be physically in my presence. Instead, we will see and hear each other electronically, via ZOOM. Some information Linda Hanby would ordinarily get in face-to-face sessions may not be available in telesessions. I understand that such missing information could in some situations make it more difficult for Linda Hanby to get me help, although she does have the information to call 911 and can provide my information as needed.

I unconditionally release and discharge Linda Hanby from any liability in connection with my participation in the remote sessions.

I have read and reviewed, this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions I have and have received satisfactory answers. With this knowledge, I voluntarily consent to participate in the telehealth sessions.

Confirmation of Agreement

Patient Printed name

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Patient Signature

Date

The above release is given on behalf of _____ because the patient is a minor

child. _____
Parent or Legal Guardian Date and Time

Linda Hanby MA, LMFT

Date