

**Bill Stoner, Licensed Mental Health Counselor (LMHC, LH 60133420)**

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**Agreement for Teletherapy Services**

The Washington State (WA ST) Department of Health (DOH) and insurance companies require that I provide information about teletherapy as part of the overall agreement to participate in counseling. This document provides that information. As such, I need a signed copy for my records (be sure to initial the first page and sign the second page).

**Teletherapy**

Teletherapy, or telehealth, is the use of electronic transmission to provide interactive real-time mental health services remotely. This includes both video and audio forms of communication, via the internet or telephone. It does not include texting or e-mail: I **do not** conduct therapy via texting, e-mail, or similar.

Telehealth is governed by all the same ethics, policies, and laws that cover in-person services. Refer to my Professional Disclosure for more information.

Telehealth is flexible and allows for continuity of care when an in-person treatment session cannot be conducted in the office. However, is not a universal substitute, nor the same as, in-person therapy services.

**Emergencies**

Telehealth is not recommended for a psychological emergency. Telehealth services are only provided when it is unlikely that a psychological emergency could arise during the session.

Just like in-person services, if an emergency should occur during a telehealth session, I may need to take action as necessary to ensure the safety of you or others. This could include me calling 911 if I have a reason to believe that something has happened and that outside assistance is needed. By signing this document, you agree to hold me harmless in the event that I take such action.

**Confidentiality and Mandatory Reporting**

The laws that protect the confidentiality of your medical information in the office and mandatory reporting also apply to telehealth sessions. Refer to my Professional Disclosure for more information.

Client initials \_\_\_\_\_

Your physical environment should be free from unexpected or unauthorized intrusions or disruptions to our communication. It is your responsibility to reduce risks of being overheard by a third party. I recommend you shut down all unnecessary programs on your device before our session to free up bandwidth that is needed to process audio and video data.

You expressly agree to not record the telehealth sessions without my prior written consent. Refer to my Professional Disclosure for more information.

If the connection is distorted or interrupted by a technical malfunction, you can reconnect by using the link that I sent you. If a video telehealth session is blocked after several reasonable attempts, I will call you using the telephone number on record.

### **Security**

No electronic transmission system is considered completely safe from intrusion. So, I cannot fully guarantee the security of telehealth sessions. You are responsible for information security on every device that you use for our sessions. I rely on my audio/video providers to ensure security, if somehow they fail to provide security, I cannot be held responsible

### **Conferencing Platform, Google Meet**

I use Google Meet, which allows for secure communication via real-time audio/video. It is currently fully compliant with federal telecommunication security protocols. You may need to download the Google Meet app, if it's not already on your device.

To initiate the session, at the appointed time, I will send you an invitation via the e-mail address I have on record. Unlike other video platforms, I do not send invitations ahead of time. The link that I send is live, just click on it to enter the session.

### **Acknowledgment & Agreement**

I have read and understand the information provided above. I agree to abide by the terms of this agreement.

<b>Client Printed Name</b>	Therapist Name: William (Bill) Stoner, LMHC
<b>Client Signature</b>	Date Signed by Therapist
<b>Date Signed by Client</b>	