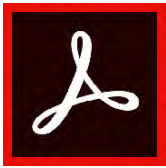




# How to Sign this Document

Please complete and sign the PDF fillable forms for your next Telehealth appointment at New Directions Counseling Services. To get started, please download this file to your device and then double click or tap to open. Adobe Acrobat Reader, Microsoft Edge and Mac Preview are the most typically used apps to view PDF documents. As you complete the forms in this packet, please follow the instructions below to sign the document at the appropriate signature spots which are highlighted in yellow.








## ADOBE READER

To sign, click the 'Tools' button, **Tools** > select 'Fill & Sign',  > select the pen tool  click 'Add Signature', setup your signature, then click Apply. Hover over the highlighted signature areas and click to place signature. For additional signatures, click pen tool, select signature and click to place.





## MICROSOFT EDGE

To sign, click 'Draw'  > hover over the highlighted signature area and sign. To redo your signature, click the 'Erase' button  and start again. Do you have an older version of Edge?  Click, 'Add Notes'  **Add notes** in menu above, click signing tool.  Hover over signature area to sign.



## MAC - Preview Mode

Click on the pencil icon (top right of screen to the left of the search bar)  > using top left toolbar, click on the cursive "J" icon to create signature  > click "Done" when satisfied with your signature. Drag and drop the signature you created from the toolbar to the highlighted areas in the forms which require your signature. Click on "Create Signature" to redo your signature or to create a second signature (for minor or partner), if needed.



## DO NOT OPEN IN CHROME

Chrome does not give you an option to sign. Please open your New Directions Counseling fillable form in Microsoft Edge, Adobe Acrobat or MAC Preview Mode. To turn off Chrome PDF viewer, please go to 'Settings' in Chrome, type PDF into search, click 'Site Settings', select 'PDF documents' and turn off.



## Informed Consent for Telehealth Services

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### **[PLEASE EMAIL TO INFO@NEWDIRECTIONSPPGH.COM](mailto:INFO@NEWDIRECTIONSPPGH.COM)**

This Informed Consent for Telehealth Services contains important information about receiving psychotherapy, nutrition counseling, or psychiatric services using your smart device (e.g., phone, tablet) or computer. Please read this carefully, and let your provider know if you have any questions. When you sign this document, it will represent an agreement between you and New Directions Counseling Services, LLC.

### **Benefits and Risks of Telehealth Services**

Telehealth refers to health services provided remotely using video conferencing technology. One of the benefits of telehealth services is that it allows for treatment without you and your provider having to be in the same physical location. Although there are benefits of telehealth services, there are some differences between in-person services and telehealth services, as well as some risks. For example:

**Risks to confidentiality.** Because telehealth services take place outside of the provider's private office, there is the potential for other people to overhear conversations if you are not in a private place during the service. On our end we will take reasonable steps to ensure your privacy, including in the event that your provider needs to conduct the telehealth service from a private residence. It is important to note that there are more risks to your confidentiality when a provider is conducting a telehealth service from a private residence rather than a clinical office setting. It is also important to note that there are more risks to your confidentiality when you are engaging in a telehealth service in your private residence rather than in a clinical office setting, particularly if there are other people present in your home during the time the service is provided.

- **Issues related to technology.** Telehealth services require technical competence on both the part of you and your provider. There are many ways that technology issues might impact telehealth. For example, technology may stop working during a service, other people might be able to get access to a private conversation, or stored data could be accessed by unauthorized people or companies.
- **Crisis management and intervention.** At the start of providing any telehealth services, an emergency response plan will be developed to address potential crisis situations that may arise during the course of your telehealth work. Usually, telehealth services are contraindicated with clients who are currently in a crisis situation requiring high levels of support and intervention.

### **Electronic Communications**

You will need access to a computer or smart device (e.g., phone, tablet), to participate in telehealth services through New Directions Counseling Services, LLC. Whenever possible we ask that you use a computer to optimize your experience of the telehealth services.

### **Confidentiality**

We have a legal and ethical responsibility to make our best efforts to protect all communications that are a part of our telehealth services. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We will be using a HIPAA compliant platform to help keep your information private, but there is a risk that any electronic communications may be compromised or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth services and having passwords to protect the device you use for telehealth). It is important for you to make sure you find a private place where you will not be

interrupted during your telehealth appointment. You should participate in telehealth services only while in a room or area where other people are not present and cannot overhear the conversation.

The extent of confidentiality and the exceptions to confidentiality, as well as other information that we include in our Notice of Privacy Practices and our Consent to Treatment and Fee Agreement that you previously signed, also apply to all of our telehealth services.

### **Appropriateness of Telehealth Services**

We will let you know if we decide that telehealth services are no longer the most appropriate form of treatment for you. In this event, we may recommend in-person services or a referral to another type of service provider.

### **Emergencies and Technology**

Assessing and evaluating threats to safety and other emergencies can be more difficult when conducting telehealth services than in traditional in-person treatment. To address some of these difficulties, an emergency plan will be developed at the start of your telehealth services. We will ask you to identify an emergency contact person who is near your location and who we will contact in the event of a crisis or emergency to assist in addressing the situation. **By signing this Informed Consent for Telehealth Services, you are also providing consent for us to contact your emergency contact person as needed during such a crisis or emergency.**

If your telehealth service is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call your provider back; instead, call 911, call Resolve Crisis Network at 888-796-8226 or go to your nearest emergency room. Contact your provider only after you have called or obtained emergency services.

If your telehealth service is interrupted and you are *not* having an emergency, please disconnect from the visit and your provider will wait two (2) minutes and then re-contact you via our telehealth platform.

### **Fees**

The same fee rates will apply for telehealth services as apply for in-person services. However, 3<sup>rd</sup> party benefits carriers, such as health insurance, may not cover visits that are conducted via telecommunication. If your 3<sup>rd</sup> party benefits carrier does not cover telehealth services, you will be responsible for the fees as outlined in our Consent to Treatment and Fee Agreement including Missed Appointment and Late Cancellation fees. We recommend that you contact your 3<sup>rd</sup> party benefits carrier to determine if coverage is provided for telehealth services. **In addition, you must have a valid credit card on file with our office in order to participate in telehealth services.**

### **Records**

Pennsylvania state law prohibits recording without the consent of all parties. Your telehealth services shall not be recorded by your provider in any way unless agreed to in writing by mutual consent. **By signing this Informed Consent for Telehealth Services you are also agreeing that you will not create an audio or video recording of the services provided at any time.** We will maintain a record of the services you received in the same way we maintain records of in-person services in accordance with our policies.

### **Informed Consent**

This agreement is strictly intended as a supplement to our Notice of Privacy Practices and our Consent to Treatment and Fee Agreement, both of which you received at the outset of your treatment at our practice. Additional issues related to informed consent that may arise during telehealth services will be addressed by your provider as needed.

Your signature below indicates agreement with the terms and conditions in this document.

\_\_\_\_\_  
Print Name of Client/Patient

\_\_\_\_\_  
Client/Patient or Guardian (if minor) Signature

\_\_\_\_\_  
Date

**[PLEASE EMAIL TO INFO@NEWDIRECTIONSPPGH.COM](mailto:INFO@NEWDIRECTIONSPPGH.COM)**