

Eunice Aviles, PsyD, LMHC, LPC
Psychotherapy, Sex Therapy, Gender Therapy, and Sexual Orientation related services
Phone: (413) 657-6104

Person served information Legal Name: _____ DOB: _____
Name: _____ Pronoun: _____

Introduction: Telehealth involves the use of telecommunications technology to provide real time health care to clients at a distance. This tool can be used to provide psychotherapy services, mental health evaluations, to consult with other providers, provide professional consultation, supervision, etc. Telehealth will be delivered using video-conferencing by mobile phones, tablets, and desktop computers. It can be provided to a patient/client at home, work, clinic, hospital or any other places with access through mobile devices.

Confidentiality: To protect your confidentiality the telehealth service is provided through Doxy.me, a secured, encrypted, HIPAA compliant telemedicine tool.

Benefits of Telehealth

- Increased access to behavioral health services by overcoming geographical barriers.
- Obtaining expertise from a distant behavioral health specialist.
- Provides accessibility to individuals who are disabled or housebound or to those that prefer the privacy of their home.
- Convenient, flexible real-time behavioral health care.

Potential risks/disadvantages These risks include, but may not be limited to:

- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal information.
- Therapists cannot respond to a crisis in person.

Online therapy is not appropriate for those with emergent psychiatric illnesses. **It is not appropriate for** those in severe distress, including individuals experiencing suicidal ideation, homicidal ideation, violent thoughts, self harming behaviors, dissociation, psychosis, among other disorders or situations. **Clients in severe distress must contact the National Suicide Hotline at 1-800-273-8255, visit their closest emergency room or crisis center IMMEDIATELY** to be screened to determine the appropriate level of care for you.

Payment for Services: Some health insurances pay for this service. Prior to our online psychotherapy session, you **must** contact your health insurance company to verify if Telehealth is covered and to verify if you need to request prior authorization to receive this service. If the service is not covered by your insurance, the regular psychotherapy fee will apply. **Payments for services (co-pays, deductible, co-insurance, and self paid rate) must be made prior to the time of each session. Payments can be made through Paypal (dr.euniceaviles@gmail.com).**

Cancellation policy: You will be billed at your full fee rate if you miss an appointment without providing at least 24 hours notice.

Dr. Aviles is committed to safeguarding and protecting your personal information (health information, etc.). By signing this form, I understand and acknowledge the following:

Initials

I am 18 years of age or older to consent for this service for myself or for _____
(Parent or legal guardian).

Although Dr. Eunice Aviles has taken the necessary measures to ensure the confidentiality and privacy of online communication(s) between you and her, these actions, in whole or in part, cannot guarantee the security of internet transmissions. I, permanently agree to release and indemnify Dr. Eunice Aviles from all suits, claims, and other actions originating from psychotherapy provided through Telehealth.

Online therapy is not appropriate if I am experiencing a crisis or having suicidal or homicidal thoughts. If a life-threatening crisis should occur, I agree to contact the National Suicide Hotline at 1-800-273-8255, call 911, or go to a hospital emergency room.

Dr. Aviles will break confidentiality if she believes that the person served is presenting with suicidal and/or homicidal ideation.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to Telehealth, and that no information obtained in the use of telemedicine which identifies me will be disclosed to others without my consent.

Telehealth is technical in nature and there may be problems with internet connectivity. Internet availability may be limited or disrupted. These types of problems are beyond the control of Dr. Eunice Aviles. If something like this were to occur during a psychotherapy session, please contact Dr. Avilés at 413-657-6104.

I have the right to withhold or withdraw my consent to the use of Telehealth in the course of my care at any time, without affecting my right to future care or treatment.

Dr. Avilés follow the laws and professional regulations of the State of New Jersey, of the State of Massachusetts and Puerto Rico. I agree that I reside in New Jersey, Massachusetts or Puerto Rico **(circle one)**.

I consent to treatment via Telehealth (Telebehavioral Health Services /online therapy).

A copy of this release shall have the same force and effect as the original.

(Client's signature or Parent/Guardian's signature)

(Date)