



Limited HIPAA and 42 CFR Part 2 Consent and Authorization to Release Personal Healthcare Information During Telehealth Individual/Family/Couples/Group Therapies

I, the undersigned client, want to participate in telehealth Individual, Family, Couples and/or Group Therapy provided by Kristen Berglund, LPC, at Houston Psychotherapists, Inc. Telehealth therapy will be conducted through telephone or Zoom, and will entail me sharing my personal and health information in the form of verbal/audio or verbal/audio/video self-disclosure participation.

Purpose

The purpose of this authorization and disclosure of information is to continue therapies currently restricted in face-to-face format due to a temporary global, national, and citywide coronavirus health emergency/disaster. I understand this technologically-assisted therapy is to enable myself in accessing medically necessary treatment.

These Telehealth Therapies Will ONLY Be Available Under the Following Conditions and Guidelines:

1. The technology options available to Kristen Berglund, LPC, are telephone, Zoom, or doxy.me. Doxy.me has signed a Business Associates Agreement (BAA) with Kristen Berglund, LPC. The technology is only used to enable multiple individuals to participate via audio or audio/visual means.

Although my clinician will do their best to protect my privacy, I understand using this technology does NOT guarantee my health information/participation will remain private.

2. Each client/patient has a right to decline participating in telehealth therapy sessions.

3. If a client/patient wants to participate remotely via telehealth technology, he/she will need to agree to the following guidelines to maximize the privacy and protection of private health/personal information of themselves and any family members that may participate in sessions.

- All telehealth participants shall only participate at home, in a private room, with a door shut, ensuring no interruptions by any other persons who may enter the environment. No recording of sessions shall occur. Every effort shall be made to ensure others cannot overhear the telehealth session.
- No members shall use their last name.
- Participants have a basic knowledge of technology, including terms such as cookies, browsers, encryption and webcam.
- The client/patient will provide a unique and private password or phrase that will be requested at the start of each session, in order to authenticate the identity of the client/patient. (see below)
- The therapist or client/patient may immediately discontinue the remote hook up/call if another person is seen or heard in either party's environment.
- Client agrees and understands that a telehealth session may be terminated at any time if it appears there is a confidentiality issue. This may happen without notice.

- Client agrees that if technical issues prevent effective participation, the telehealth session may be ended, and that the telehealth session will not be interrupted to address technical issues.
- It is highly recommended that remote participants use ear buds or ear phones to further block telehealth participants' verbiage from being heard in remote environments.
- I understand that although I have agreed to participating in telehealth therapies, my privacy and the protection of my words/video presence, and that of other family members and the therapist, are not guaranteed.

I understand that if I agree to participate in a telehealth therapies, I am waiving some of my HIPAA protections of my health information. Again, I do not have to agree to participate in telehealth therapies – they are optional.

4. Revocation: This consent and authorization will remain in place until revoked by the client/patient. He/she may revoke this consent/authorization at any time, for any reason, or no reason at all. Revocation can be done verbally by notifying the therapist, or by text, email, or noting it on the originally signed consent/authorization. Date/time of revocation is to be duly noted by the therapist. The terms of the client's service with Houston Psychotherapists, Inc., will not be affected if the client chooses not to sign a consent nor if consent is revoked at a later date.
5. Expiration: Unless revoked sooner, this authorization will expire one (1) year from date of client discharge from all Houston Psychotherapists, Inc., services.
6. If requested, I will be given a copy of this authorization for my records.

I fully consent and authorize Kristen Berglund, LPC, and Houston Psychotherapists, Inc., to use my private health information as described above:

Signature of Patient/Client

Date

Printed First and Last Name of Patient/Client

Authentication Password (do not share with anyone else)