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CONSENT TO TELE-HEALTH

This document outlines our agreement to engage in tele-health, which means you will be accessing video, audio, cellular, telephonic or similar communication technologies for psychotherapy services remotely. Please read this agreement in full and communicate with me if you have any questions or concerns about using tele-health. By signing this document, you will be acknowledging and agreeing to the following:

BENEFITS AND RISKS OF TELE-HEALTH

Receiving services via tele-health allows you to:

- Receive services at times or in places where the service may not otherwise be available.
- Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
- Receive services when you are unable to travel to my office.
- The unique characteristics of tele-health media may also help some people make improved progress on health goals that may not have been otherwise achievable without tele-health.

Receiving services via tele-health has the following risks:

- Tele-health services can be impacted by technical difficulties, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:
 - Internet, cellular, cloud and electronic connections could cease working or become too unstable to use.
 - Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of tele-health-based service delivery.
 - Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.
 - Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools.
 - I may also be unable to help you in-person.

There may be additional benefits and risks to tele-health services that arise from the lack of in-person contact or presence, the distance between you and me at the time of service, and the technological tools used to deliver services. I will assess these potential benefits and risks, sometimes in collaboration with you, as our relationship progresses.

OUT-OF-STATE SERVICES

I am licensed to practice psychology in the state of Oregon, which typically means my clients must be physically located in Oregon at the time-of-service delivery. However, under special circumstances I can request permissions with other states and jurisdictions to practice remotely via tele-health. However, this can take several weeks and there is no guarantee of approval. Please clarify with me ahead of time if you will be located outside of Oregon during our remote tele-health sessions.

LEVEL OF CARE

Certain situations, including emergencies and crises (such as thoughts of harm to self or another, acute psychiatric symptoms, experiencing a life-threatening situation, abusing drugs or alcohol or other concerns which may present a risk to your safety or the safety of others) are inappropriate for tele-health services. If you are in crisis or experiencing a medical or psychiatric emergency, you should immediately call 911 or go to the nearest hospital or crisis facility.

ADDITIONAL CONSIDERATIONS

- We agree to use a HIPAA compliant video-conferencing platform I have selected for our virtual sessions (e.g., Zoom, Doxy.me or another similar platform), and I will explain how to use it as necessary. Alternative platforms may be used as appropriate and necessary.
- Confidentiality still applies for tele-health services.
- Barring breaches of security, nobody will record, listen to, or watch our sessions without permission from both of us.
- Please do not record our sessions without my permission.
- Unless we have agreed ahead of time, and barring unexpected interruptions, there should be no other person sitting in on your session who could hear or see our visit, either in the room or remotely.
 - If needed, we can set up a “safe word” you can use to signal me if you are not in a safe or secure environment.
- It is important to use a secure connection rather than public/free Wi-Fi, and that you otherwise actively participate in maintaining your own security and privacy.
- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to be on time. If you need to cancel or change your tele-health appointment, please provide a minimum 24-hour notice to avoid late and no-show fees.
- We will have a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- If you chose to utilize insurance, you should confirm with your insurance company that tele-health sessions will be reimbursed, and if they will be the same or different reimbursement rates as in-person sessions. If your insurance does not cover tele-health, you are responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances, tele-health is no longer appropriate and that alternative services may be more appropriate.
- You can decide to stop using teletherapy at any time.

CONSENT TO TELE-HEALTH SERVICES

Your signature below indicates that you have read and understood this Consent to Tele-health and agree to its terms.

Printed Name: _____

Signature: _____ Date: _____