

Mindful Health Advantage, LLC

TECHNOLOGY ASSISTED PSYCHOLOGICAL (TAP) SERVICES CONSENT, POLICIES, & AGREEMENT

This form is in **addition** to Mindful Health Advantage (MHA)'s regular Therapy, Policies, Agreement and Consent Form, and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must sign both in order to participate in Technology Assisted Psychological (TAP) sessions. TAP incorporates telephone and video counseling/sessions. Prior to engaging in TAP an assessment/consultation will be done to assure that TAP is an appropriate form of psychological services. This is to inform you about what you can expect regarding your participation in TAP counseling/services.

Benefits:

The benefits to TAP counseling are:

1. The ability to expand your choice of service provider.
2. More convenient counseling options including location, time, no driving, etc.
3. Reduces the overall cost and time of therapy due to not having to drive to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients. clients with limited mobility, clients in rural areas, and clients without convenient transportation options.

Limitations:

It is important to note that there are limitations to TAP counseling that can affect the quality of the session(s). These limitations include, but are not limited to, the following:

1. I may not see you, your body language, or your non-verbal reactions to what we discuss.
2. Due to technology limitations I may not hear all of what you are saying and may need to ask you to repeat things.
3. Technology might fail before or during the TAP therapeutic session.
4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.
5. To reduce the effect of these limitations, I may ask you to describe how you are feeling, thinking, and/or acting in more detail than I would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

Logistics:

When I provide phone/video counseling sessions, I will call you at our scheduled time or send you a link for our secure and HIPAA compliant video session. I expect that you are available at our scheduled time and are prepared, focused and engaged in the session. I am calling you from a private location where I am the only person in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others can hear you, I cannot be responsible for protecting your confidentiality. Every effort **MUST** be made on your part to protect your own confidentiality. I suggest you wear a headset to increase confidentiality and also increase the sound quality of our sessions. Please know that I cannot guarantee the privacy or

**12136 W. Bayaud Ave., Ste 140
Lakewood, CO 80228
303-202-6143**

than 24 hours notice and the session is pre-paid, this follows the cancelation guidelines and the payment will not be reimbursed for the missed or canceled session (less than 24 hours notice). Phone/video sessions should be treated as regular in-office sessions. If you are late getting on the phone, are unable to talk at our scheduled time, your battery has died, you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend our session please know that you will be charged for the session. Please make the necessary arrangements you need to be available and present for your session.

Emergencies and Confidentiality:

I request an emergency contact for you. Please list the person’s first and last name, relationship and phone number(s) of your emergency contact:

Full Name	Relationship	Number(s)
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I also request the address from which you are calling and the number to your local police department including area code in the area in which you are located during the time of our call.

Street Address

City	State	Zip Code
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City and State of Local Police Department	Phone No.
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If a situation occurs where we are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately, or contact the National Suicide Hotline at 800-784-2433.

If I have concerns about your safety at **any** time during a phone session, I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.

Consent to Participate in TAP Sessions:

By signing below you agree that you have read and understand all of the above sections of TAP informed consent. You agree that you also understand the limitations associated with participating in TAP therapeutic sessions and consent to attend sessions under the terms described in this document.

Client’s Name: _____ Date: _____

Client’s Signature: _____ Date: _____

Client’s Name: _____ Date: _____

Client’s Signature: _____ Date: _____

Clinician’s Signature/Credentials: _____ Date: _____

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