

Justin M. Smith, M.S.
Licensed Marriage and Family Therapist
Licensed Clinical Alcohol and Drug Counselor
3450 E Russell Rd Suite 214, Las Vegas, NV 89120
Phone: 702-530-8894 Fax: 702-757-3982

Teletherapy Policies, Procedures and Consent

I understand that teletherapy services include consultation and treatment using interactive audio, video, and data communications. I understand that I have the following rights with respect to online counseling services:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment; nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

2. The laws that protect the confidentiality of my medical information also apply to online counseling services. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. I understand that only HIPAA compliant software(VSee) will be used and that I will be required to download and use this software for any session. I understand reasonable efforts will be made on the part of my counselor to ensure transmission if confidential by only performing teletherapy sessions while in his business office, but that I am responsible for the privacy and confidentiality on my end of the transmission. I further understand that there are both legal and ethical exceptions to confidentiality, including:

- a. If you threaten bodily harm or death to yourself or another person
- b. If you reveal information about physical abuse, sexual abuse or neglect in regard to a child or elderly person.
- c. If you are in court-ordered therapy.
- d. If a court of law issues a legitimate court order for your records.
- e. If you are under the age of 18, in the State of Nevada, parents have access to information in regards to their child's medical records.

3. I understand that there are risks and consequences from these services, including, but not limited to, the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. In an effort to reduce technical issues I understand I will be required to download and test my device and internet connection with the approved HIPAA compliant software (Vsee) before my first session. If a session is interrupted by technical difficulties efforts will be made to reconnect the transmission immediately, but I understand that the session may need to be rescheduled.

Justin M. Smith, M.S.
Licensed Marriage and Family Therapist
Licensed Clinical Alcohol and Drug Counselor
3450 E Russell Rd Suite 214, Las Vegas, NV 89120
Phone: 702-530-8894 Fax: 702-757-3982

4. In addition, I understand that online counseling services may not be as complete as face-to-face services. I also understand that if the counselor believes I would be better served by another form of counseling services (e.g. face-to-face services) I may be referred to a counselor who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of counseling services, and that despite my efforts and the efforts of the counselor, my condition may not be improve, and in some cases may even get worse.

5. I understand that I may benefit from teletherapy services, but that results cannot be guaranteed or assured. I also understand that this is still therapy and as such an assessment, treatment plan and regular therapy sessions will still be held. Additionally, I understand that I must participate and complete any assignments my therapist gives me in order to ensure I receive the most benefits from this service.

6. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law. I have read and understand the information provided above.

7. I understand that during the each teletherapy session I will be asked to provide information that allows my therapist to get appropriate emergency personnel to my location if needed. This includes:

- a. Emergency Contact Person(s)
- b. Your current physical location
- c. Are you in a private place?
- d. Is there anyone around you do not want hearing your session?

8. I understand that I must be in the state of Nevada when therapy sessions are held via teletherapy.

I hereby consent for myself and/or my child, of whom I am the legal guardian, to engage in teletherapy with Justin M. Smith.

Name: _____
Client or parent/guardian Printed Name D.O.B. _____

Signed: _____
Client or parent/guardian Date _____

Name: _____

Justin M. Smith, M.S.
Licensed Marriage and Family Therapist
Licensed Clinical Alcohol and Drug Counselor
3450 E Russell Rd Suite 214, Las Vegas, NV 89120
Phone: 702-530-8894 Fax: 702-757-3982

Client or parent/guardian Printed Name

D.O.B.

Signed: _____
Client or parent/guardian

Date

Signed: _____
Justin M. Smith

Date