

Telehealth Disclosure & Consent Addendum
Our New Experience (ONE), LLC
Dr. Brenda S. Butterfield, EdD, MSW, LMHC
(425) 324-7336

This document is provided in addition to Dr. Brenda S. Butterfield's Disclosure Statement in order to provide you with some specific information about your participation in telehealth counseling services.

Telehealth Policies

If it is therapeutically appropriate, we may make use of technology assisted telehealth tools such as telephone communications and internet enabled video and/or audio services if they are clinically appropriate.

- Telehealth services may generally only be initiated after completion of initial in-person sessions sufficient to facilitate an adequate preliminary assessment and diagnosis. This generally will require in-person clinical sessions initially. The requirement for initial in-person sessions may be waived under extraordinary circumstances.
- If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I may be able to provide to you.
- Telehealth services are not appropriate for all clients and all situations. If you or I determine that telehealth services are not appropriate for you, I will assist you in obtaining appropriate alternative services.
- Since in-person interaction is generally more clinically effective than telehealth, preference will be given for in-person services unless individual or environmental factors indicate telehealth as a preferable alternative.

Risks and Benefits

It is important that you understand the following policies for telehealth services.

- Successful use of telehealth services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
- It is your responsibility to choose a secure location to interact with technology-assisted media and to be aware that without sufficient safeguards, third parties may overhear our communications or may gain access to the technology you are using. Some basic safeguards may include communicating only through a computer or device over which you maintain control, with a firewall and anti-virus software, password protection, and a secure private internet connection.
- Telehealth services may reduce some barriers to counseling and may improve your access to counseling, may reduce your costs associated with counseling, may be necessary for continuity of care, and may support more effective use of in-person counseling.
- Telehealth services may not be reimbursed by some insurance plans. In such cases, payment for telehealth services remains your sole responsibility.
- At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make reasonable efforts to protect your confidential information.

Alternative Modes of Communication

In case of hardware, software or other system failure, you may reach me by phone or email to coordinate our continued work together.

Email: ournewexperiences@gmail.com

Phone: 425-324-7336

Emergency Contact Information

Please identify an Emergency Contact Person I may contact on your behalf in case of an emergency.

Emergency Contact

Phone Number

At the initiation of our therapeutic relationship I will ask you to provide me with the following contact information if you and I are in different geographic locations:

- Your local hospital emergency room phone number;
- Your local crisis line phone number;
- The phone number of a local clinician who can provide you with appropriate services in case you or I determine that my telehealth services are no longer appropriate for you.

At the beginning of each session I will ask you to provide me to with following information:

- Your physical location and address;
- A phone number, if it is different than the phone number I have on file for you, I can use to contact you in case of technology failure or other loss of internet connection during our telehealth session;
- An email address, if it is different than the email address I have on file for you, I can use to contact you as an alternative if we cannot connect via phone.

Acknowledgement and Consent

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, and that you are consenting to participation in telehealth counseling services provided by Brenda S. Butterfield, EdD, MSW, LMHC.

Client Signature

Date

Print Client Name