

Pamela Woodroffe, LICSW, SUDP, MAC, CCTP
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Telehealth Disclosure & Consent Addendum

This document is provided in addition to Pamela Woodroffe's Informed Consent for Treatment & Personal Disclosure Statement in order to provide you with some specific information about your participation in telehealth counseling services.

At your request and if it is therapeutically appropriate, I may make use of technology assisted telehealth tools such as telephone communications and internet enabled video and/or audio services as an adjunct to in-person clinical services. The option of telehealth services is specifically intended for those clients who feel unable to attend an in-person session due to illness, potential exposure to an illness, or concerns regarding the current safety of attending in-person counseling sessions.

Telehealth Policies

It is important that you understand the following policies for telehealth 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.
- Telehealth services may only be initiated after completion of initial in-person sessions sufficient to facilitate an adequate preliminary assessment and diagnosis. This generally will require at least one full clinical session.
- 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 face-to-face counseling.

Risks & Benefits of Telehealth

It is important that you understand the benefits and limitations of telehealth services.

- Telehealth services may improve your access to counseling, may reduce your costs and health risks associated with in-person counseling, and may support more effective use of in-person counseling.
- 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.
- 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.
- Telehealth services may not be reimbursed by some insurance plans. In such cases, payment for telehealth services remains your sole responsibility. It also remains your sole responsibility to determine whether or not your insurance plan will reimburse you for telehealth sessions.
- Payment for telehealth services will be collected electronically at the time of service.
- 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.

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: woodroffe.counseling@gmail.com

Phone: (206) 399 2622

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

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

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 telehealth relationship I will ask you to provide me to the following contact information:

- 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 face-to-face counseling services in case you or I determine that telehealth is long longer appropriate for you.

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 services provided by Pamela Woodroffe, LICSW, SUDP, MAC, CCTP..

Client signature _____

Date _____

Print Name _____

If 2nd adult _____

Print Name _____

Therapist. Signature _____

Pamela J. Woodroffe, LICSW, SUDP, MAC, CCTP

Date _____

(TELEHEALTH_CONSENT_2020.05.25)