

Bay Life Pastoral Counseling Center
TECHNOLOGY ASSISTED COUNSELING (TAC)
POLICIES, CONSENT, AND AGREEMENT FORM

Technology Assisted Counseling (TAC) includes telephone and video counseling. The purpose of this document is to inform you about what you can expect regarding your participation in TAC counseling.

Some of the **benefits** of TAC counseling are:

- 1) More convenient counseling options including location, time, no driving, etc.
- 2) Reduces wait time such as with scheduled office appointments.
- 3) Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

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

- 1) At times, I cannot see you, your body language, or your non-verbal reactions related to what we are discussing.
- 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 TAC counseling 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 location where you can speak openly without being overheard or interrupted by others in order to protect your own confidentiality. If you choose to be in a place where there are people or others who 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 sound quality of our sessions. Please know that I cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please be sure to reduce all possibilities of interruptions for the duration of our scheduled appointment.

Please know that per best practices and ethical guidelines I can only practice in the state(s) I am licensed in. That means wherever you reside I must be licensed. You agree to inform me if your therapy location has changed or if you have relocated your domicile to a different jurisdiction.

Connection Loss

During Phone Sessions: If we lose our phone connection during our session, I will call you back immediately. Please also attempt to call me at 813-319-0183 if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you 2 times. If I cannot reach you, I will remain available to you during the course of our scheduled session. Should you contact me back and there is time left in your session, we will continue.

During Video Sessions: If we lose our connection during a video session, I will call you to troubleshoot the reason we lost connection. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your session, we will continue.

Please list your main number and an alternate number below:

Main number

Alternate number

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

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.

Consent to Participate in TAC sessions:

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

Print Full Name

Signature

Date