MaryEllen Agolia, PhD,LLC
P.O. Box 351, High Rolls, New Mexico 88325
Phone: (575) 430-4115 Fax: (866) 591-1508

Telehealth Policy of MaryEllen Agolia, PhD, LLC: Effective April 17, 2020

1. Policy: MaryEllen Agolia, PhD, LLC is committed to the principle of ensuring consistent client care by providing regularly scheduled appointments for clients even when it is not possible to offer these services in a face-to-face session. MaryEllen Agolia, PhD, LLC will follow all HIPAA requirements for communication and sessions electronically and will provide clients with all needed information regarding the risks of electronic therapy sessions and communication.
2. Purpose: The purpose of this policy is to ensure that all current clients are provided with information and ability to consent to sessions and communication that occur in formats other than face-to-face or telephonically.
3. Who is affected by this policy: The policy is to be honored by all employees and clients of MaryEllen Agolia, PhD, LLC and will affect clients who are unable to attend therapy in person for a therapeutically significant reason (face-to-face therapy is considered preferable and will be encouraged whenever possible). This applies to COVID-19 sheltering.
4. Procedures:
    a. MaryEllen Agolia, PhD, LLC will only practice in the states in which she is currently licensed. If a client should travel to a state in which the provider is not licensed, therapy will not be offered for that time period or, in extreme cases, that therapist may opt to seek a license or permission to temporarily practice in the different state. This is to be decided on a case-by-case basis. If a client permanently relocates, that client will be encouraged to transition to a local therapist who is licensed and qualified to treat the client whenever possible.
    b. MaryEllen Agolia, PhD, LLC will ensure, before the scheduled session, that the clients' insurance agencies will cover telebehavioral health and will obtain a pre-authorization if the insurance companies require a pre-authorization that verifies the necessity of telebehavioral health.
    c. Therapist will document in each note: 1) Verification that the Client is in a confidential environment and will remain there for the duration of session, 2) Precautions have been taken to ensure distractions are kept to a minimum and 3) clinical necessity of telebehavioral health has been identified (i.e.- Telebehavioral health was needed due to...). COVID-19 sheltering applies.
    d. MaryEllen Agolia, PhD, LLC will inform all clients of potential for information being obtained or received by unintended sources. Clients will be informed of safeguards protecting their privacy and the limitations to these safeguards.
    e. Clients will be informed of texting and telebehavioral health rules and precautions. Clients will be asked to delete any text communication between themselves and MaryEllen Agolia, PhD, LLC.
5. Clients will be asked to sign an acknowledgement of risks to texting and telehealth services at intake.
6. Clients will be provided with information stating the risks and benefits of these services and the precautions taken by MaryEllen Agolia, PhD, LLC. to minimize risk. Clients will sign an acknowledgement of receipt of this information at intake or when starting these services.
        i. Therapist will follow the precautions listed below to minimize risk of HIPAA violation.
            1. Therapist will use phones with 3 second security locks while texting.
            2. Therapist will use only computers with HIPAA compliant VPNs.
            3. Therapist will use only companies with a BAA (Business Associates Agreement) for telehealth services and/or HIPAA complaint means of telehealth services.
            4. Therapist will delete all text messages between themselves and clients.
            5. Therapist will not store clients' phone numbers on their phone with the clients' name.
            6. Therapist will insure and document that each client was in a safe and confidential location with minimal distractions prior to each telehealth therapy session.
            7. Therapist will not save communication, video, or text from clients for any reason. Should information shared require documentation, this will be transcribed on a secure document in the client's electronic record.

Provider Signature: _____ Date: _____

Client Signature: _____ Date: _____

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Telehealth Informed Consent

As a client receiving telebehavioral health services through MaryEllen Agolia, PhD, I understand the following (please initial each statement):

This is a necessary agreement in order to receive continuity of mental health care while not engaging in face-to-face mental health sessions with my therapist. Although this is convenient, some non-verbal cues may be lost, and I will endeavor to actively engage in session in a confidential environment with no distractions.

(Client's initials) _____

Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client who are not in the same physical location. The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

(Client's initials) _____

I will be using my own equipment to utilize interactive technologies, I will take precautions to protect my data on my end and I fully acknowledge that MaryEllen Agolia, PhD, LLC is not responsible for any breach of data due to negligence on my part. In addition, I will not record nor store my therapy sessions in any way and I will delete all texts and any other written communication between me and my therapist immediately, this is to protect and ensure my own privacy.

(Client's initials) _____

Risks of Technology:

I am aware that using technology to conduct mental health services allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. In addition, FaceBook algorithms may identify that I am affiliated with my therapist due to stored information/ phone numbers in my phone. This is beyond the control of MaryEllen Agolia, PhD, LLC. I will consider this if l choose to store my therapists phone number/contact information.

(Client's initials) _____

Laws & Standards:

The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

Provider Signature: _____ Date: _____

Client Signature: _____ Date: _____

Revised: April 17, 2020