



Biofeedback and Family Therapy Center

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Technology Assisted Counseling (TAC) Policies, Consent & Agreement Form (p.1 of 3)

This form is in **addition** to the regular Therapy, Policies, Agreement and Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA you have already signed. You must sign both in order to participate in Technology Assisted Counseling (TAC) sessions. TAC incorporates email, phone and video counseling. This is to inform you about what you can expect regarding your participation in TAC counseling.

Benefits:

1. The ability to expand your choice of service provider.
2. More convenient counseling options including location, time, no driving, etc.
3. Reduces the overall cost and time of therapy due to not having to drive to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

Limitations:

1. I cannot see you, your body language, or your non-verbal reactions to what we are discussing if we are on the telephone. Video conferencing allows for a two-way exchange of information.
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 link for our secure and HIPAA compliant video session for use online. 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 private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others 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

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accidentally or intentionally. Please assure you reduce all possibilities of interruptions for the duration of our scheduled appointment. If I am working with your child, I request the assistance of you the parent/guardian in ensuring that your child is not using other programs or browsing the internet during our session without my knowledge.

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 my number (661-259-3704) 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 entire course of our scheduled session. Should you contact me back and there is time left in your session we will continue. If the reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, I will call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

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. If the reason for a connection loss i.e. technology, battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, we can either complete our session via. phone or plan an alternate time to complete the remaining minutes of our session.

Recording of Sessions:

Please note that recording, screenshots, etc of any kind of any session is not be permitted and are grounds for termination of the client-therapist relationship. Recording without consent in the State of California is illegal.

Please note:

Please note that everything in the informed consent and agreement for services that you signed when you became my patient, including all the confidentiality exceptions, payment & cancellation policies et al. still apply during phone/video sessions. Similar to when we begin our in-person sessions (with you providing your payment or insurance co-payment), your payment will still be expected prior to or during our TAC session. The online platform is set up for payments and if necessary, we will process your payment together during your session using available means including your previously provided credit card or through another online application.

In case of emergency:

At the beginning of our TAC session, I will ask you for your location so that in the event of an emergency I will know where to send emergency response providers. 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 may need to break confidentiality and call 911 and/or your emergency contact. Please note here as well, that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.

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COVID-19 update:

I understand that it may be necessary for you to canceling teletherapy sessions outside the regular 24-hour window because you are sick yourself or are caring for an ill family member. If cancellations are less than what is policy, depending on the circumstances, I may waive my usual cancellation fees but if at all possible, I encourage you to continue to participate using TAC even if you are not feeling well, as I am finding that patients are experiencing heightened anxiety, fear and depression and are requiring extra support –especially when they are sick.

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 and that you have the right to withhold or withdraw consent at any time without affecting your right to future care or treatment nor risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. You agree that you also understand the limitations associated with participating in TAC counseling sessions, have had any questions answered by your psychotherapist and consent to attend sessions under the terms described in this document.

Print Full Name - Patient #1

Signature

Date

Print Full Name - Patient #2 or Parent/Guardian

Relationship

Signature

Date

Steven C. Kassel, MFT

Date