



STEPHANIE D. MILLER, MA
LMFT, LPC, LCDC

INFORMED CONSENT ADDENDUM FOR TECHNOLOGY-ASSISTED SERVICES

What are Technology Assisted Services?

Technology Assisted Services refers to psychotherapy with the use of a technological medium, including but not limited to telephone, video, synchronous and asynchronous chat and email, etc. In general, any communication using technology for reasons other than basic business or housekeeping issues, such as booking, changing, or moving appointments, or billing, could be considered the delivery of psychotherapy services via technology. While you may choose to exclusively participate in face to face psychotherapy, there may still be instances where issues arise that require the use of technology assisted services. State licensing law requires that I follow several specific rules and standards regarding the use of technology.

Benefits of Technology-Assisted Services

1. Less limitations by geographical location.
2. Reduction of travel to a physical office, which includes decrease in travel time.
3. Participation in therapy from your own home or the environment of your choosing.

Services Provided

Technology-Assisted Services by Stephanie D. Miller, MA, LMFT, LPC, LCDC may occur only with current residents of Texas. The current laws that protect privacy and confidentiality also apply to Technology-Assisted Services Any exceptions to confidentiality are described in the Professional Services Agreement and Informed Consent document.

Family, couple, and individual psychotherapy using technology assisted services are provided.

All existing laws regarding client access to mental health information and copies of mental health records apply.

No permanent video or voice recordings are kept from Tele-Assisted Services sessions. Clients may not record or store videoconference sessions or face-to-face sessions.

Expectations of Client During each Session

1. Proper lighting and seating to ensure a clear image of each party's face.
2. Dress and environment appropriate to an in-office visit.
3. Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session.
4. Valid ID must be presented by the client during the initial consultation. In addition, a copy must be provided by the client for their file.
5. The client must disclose the physical address of their location at the start of the session. Unknown locations will be cause for termination of the session.
6. The client shall also provide a phone number where they can be reached in the event of service disruption.
7. Recommended technical requirements include: minimum bandwidth connection of 384 kb or higher, minimum resolution of 640x360 at 30 frames per second and an operational web camera (HD 1080p is recommended).
8. Platforms used are Microsoft Teams for Business and FaceTime (if requested by the client).
9. Stephanie D. Miller, MA, LMFT, LPC has a Zoom enterprise account with password protection, but does NOT have a BAA on file. Sessions are available if client waives liability. **Initials:** _____

Tele-assisted services may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, an appropriate referral will be made. If it would be beneficial for occasional face-to-face sessions with Stephanie D. Miller, MA, LMFT, LPC, LCDC, this will be discussed as part of the treatment plan and the client has the right to refuse such a recommendation. This may result in a referral to another provider as well. All referrals will adhere to the Texas State Board of Examiners Code of Ethics for Licensed Marriage and Family Therapists, the American Association for Marriage and Family Therapy Code of Ethics and Texas State Board of Examiners Code of Ethics for Licensed Professional Counselors.

Emergency Protocol

Client is to provide the name and contact information for an additional person in case of emergency. In addition, in the event of a medical or mental crisis event, Stephanie D. Miller, MA, LMFT, LPC, LCDC will contact the client's local emergency services. The contact information for the client's nearest hospital will be on record in the event an admission is necessary to address a client emergency. The information provided will include the nature of the crisis and immediate needs of the client.

Response to Technical Difficulties

Should technical difficulties cause session disruption, Stephanie D. Miller, MA, LMFT, LPC, LCDC will contact the client via preferred telephone contact. If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session.

Payment

Session costs are outlined in the Informed Consent. Payment for services is to be made at, or prior to, the time of service. See the Informed Consent for a more detailed discussion of session cost and payment.

Contact between Sessions

Telephone contact and texting can be made in between sessions for the purposes of scheduling or other needs. Videoconference technology is reserved for therapy sessions only. Please refer to the Informed Consent document for cost of contact outside of scheduled videoconference sessions.

Consent to Treatment

I, voluntarily, agree to receive Tele-Assisted assessment, care, treatment, or services and authorize Stephanie D. Miller, MA, LMFT, LPC, LCDC to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Jim Seibold at any time.

By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Name of Client or Legal Representative

Relationship to client

Signature of Client or Legal Representative

Date

Please send a copy of the therapist-signed addendum to any of the following:

Fax: **281-552-8814**

Email address: **counseling@stephaniedmiller.com**

(only include email address if you are authorizing this as an acceptable means of communication)

Psychotherapist:

Stephanie D. Miller, MA, LMFT, LPC, LCDC

Date