

## **Behavior Works of Virginia, LLC**

**Leah Farrell-Carnahan, Ph.D.**

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### **Telehealth Via Video Conferencing Agreement**

After intake and the establishment of a therapeutic relationship, it **may** be possible for treatment delivery to occur via interactive video-conferencing (i.e., virtual “face-to-face” sessions) in lieu of, or in addition to, “in-person” sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state. Your clinician will assess whether or not it is appropriate to conduct sessions via VC in your case and this decision may change over time based on new information, including your clinical status, administrative issues, and legal issues. Your clinician reserves the right to decide it is no longer appropriate to engage in sessions via VC at any time for any reason. This means you may be required to come for in-person sessions instead or to consider transfer to another clinician in your local area if you are unable to come for in-person sessions or choose not to.

The VC system we currently use (<https://vsee.com>) meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan or provide your name when you “join” our online meeting but you will have to download the VSee app onto your tablet, computer, or mobile phone. You will need to sign up using an email address. We reserve the right to change the VC system we use to conduct VC sessions at any time based on new information. You will be provided with that information, should this arise.

Risks to VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to Internet or data connections, delays due to connections or other technologies, or a breach of information that is beyond our control. For added security protection, you may wish to create a new email account not associated with your name for use only with VSee. Also, you may wish to clear your browser history and cache after engaging in VC sessions. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

To maximize your engagement in VC, we suggest you schedule your VC appointments as you would an in-person therapy session meaning, you would protect the time and ensure

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you are free from distractions. The VC systems work best when you are able to connect to the Internet. If you choose to rely on a data plan, we cannot ensure your session will have ideal signal and there may be connectivity issues, interrupting the session. Further, we are not responsible for any data usage charges you may incur. If, for whatever reason, you are not able to establish a VC connection at your scheduled session time, you will be responsible for paying the full session fee. If your clinician experiences technical difficulties preventing VC connection at your scheduled session time, you will not be charged for the session, provided the connectivity problems persist for at least one third of your allotted session time. It is recommended you consider who may be in the vicinity to hear or see you as you engage in a VC session and that you take steps to ensure your privacy including use of ear phones, shielding your screen from view, etc. It is also recommended you are completely free from the effects of illicit substances and alcohol while engaging in VC sessions. You may choose to engage in a VC session while you are not at your home address. Your clinician will be bound to the laws governing the state in which they are located and licensed and in the state in which you are located at that time. Therefore, it may not be possible for the clinician to conduct the session via VC when you are travelling away from home. At the outset of each VC session, you are responsible for telling your clinician where you are physically located (the address).

### **VC and CBT:**

Telehealth via video conferencing may be a particularly beneficial way to conduct exposure-based CBT because it enables exposures to be conducted in real-world settings when the client and clinician are in different locations. Exposure-based cognitive behavioral therapy (CBT) is an evidence-based approach that aims to gradually help you/your child become more comfortable with situations that currently cause anxiety or other negative emotions. These sessions are likely to elicit a temporary increase in anxiety, but this is actually a key part of the process in order to help ultimately overcome fears. Over the course of exposure therapy, anxiety levels will decrease through habituation. We will work with you/your child to create a graduated exposure plan that includes a hierarchy from easier to more difficult exposures. The client will never be forced to engage in an exposure; rather, the pace of therapy will be determined by the client's readiness to practice each anxiety-provoking situation.

Some exposure activities may have a degree of risk involved (e.g., touching dirty objects and refraining from washing your hands in contamination-based OCD exposures), however, all exposure tasks we conduct are deemed to be of minimal risk (i.e., on par with the level of risk that could be encountered in everyday life activities). If an adverse event were to happen during an exposure (e.g., a client faints at the sight of a picture of someone getting their

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blood drawn), the clinician will take appropriate measures to ensure the safety and well-being of the client, including reaching out for medical care if needed. Exposure sessions sometimes take place off-site at a range of locations (e.g., the mall, a restaurant, public transportation, your home). While we will do our best, we cannot guarantee confidentiality in sessions that occur outside the office as we do not have control over other people who may be present. Behavior Works of Virginia, LLC and the clinician are not responsible for any accident or injury that may occur during an exposure session or VC session more broadly.

Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant). By signing the document below, you are stating that you are aware if your clinician believes you may be at risk for harming yourself and is not able to contact you directly, they may choose to contact the people listed below to request assistance in assessing your safety risk. Furthermore, by signing below, you are acknowledging your clinician may contact the necessary authorities in case of an emergency and this may include calling the police to request that they do a "wellness check". You are also acknowledging that if you or your clinician believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care clinician or at the nearest hospital emergency department or by calling 911.

**The address where you plan to engage in VC appointments most of the time:**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Your psychiatrist**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**If you don't have a psychiatrist, list another physician who cares for you**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Your local crisis hotline and local crisis center names**

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**Family member name & relationship:** \_\_\_\_\_

Phone #: \_\_\_\_\_

**Friend name & relationship:** \_\_\_\_\_

Phone #: \_\_\_\_\_

By signing this document you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits/ and optimal conditions for use of VC. I agree to Telehealth sessions (CPT code includes the modifier of GT) via video conferencing.

**PATIENT**

Patient Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

***If for minor,***

Parent or Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**CLINICIAN**

Clinician Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_