

TELE-COUNSELING ELECTRONIC CONSENT FORM

As a client receiving tele-counseling services with Dr. Gagnon, I understand:

Tele-counseling is provided by Doxy-Me, a secure, HIPPA compliant counseling program. At the time of my appointment I will be sent a link to meet virtually with Dr. Gagnon. If I experience any difficulties connecting, I will notify Dr. Gagnon by calling or texting (850) 877-0205.

Some insurance plans allow for tele- counseling. This can be determined by going to www.tghbs.com and having my insurance billing person check your tele-counseling benefits. If your plan has a co-pay it can be paid using Stripe (Dr. Gagnon uses this for online payments) at the time of your session.

I understand that I am expected to choose a safe, private, and confidential environment when I am participating in a tele-counseling session. I should not have others in the room unless my counselor and I have agreed to a family or couple's session. I should free myself of distractions. I will not record my sessions unless my counselor and I have discussed and agreed to it in advance. I will choose a room that does not have a monitoring device (e.g., Ring camera) that could enable others to listen in or watch the session.

Because tele-counseling relies on technology (Doxy-Me) 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 services due to technical difficulties.

My counselor and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of this technology which we have agreed upon today and modify our plan as needed.

In emergencies, in the event of disruption of service, it may be necessary to communicate by other means. It is my responsibility to call 911 or go to the nearest emergency room in the event of a personal emergency. If my communication is not an emergency, I may send an email to DrJamesG12@gmail.com or call or text me at (850) 877-0205.

Dr. Gagnon will respond to communications and routine messages within three (3) working days.

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

Consent to Participate in Tele-counseling Services:

By affixing my electronic signature, to this document, I am attesting that I understand the above information and am consenting to participate in tele-counseling services with Dr. Gagnon

_____ Date _____