



**Dr. White and
Associates, P.C.**

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Technology-Assisted Services Intake/Consent Addendum

Dr. White and Associates offers remote therapy services through web-based videoconferencing and by phone. This service is referred to in many ways, e.g., telehealth, teletherapy, tele-mental health, virtual therapy, and technology-assisted services (TAS).

The Texas State Board of Examiners of Marriage and Family Therapists have established rules for providing TAS to protect your confidentiality and to promote ethical delivery of services. The following addendum to your Intake is required for each person who will attend.

Today's Date: _____

Client Information:

Name: _____ Sex: M F Age: _____ Date of Birth: _____

Specific address where the client will normally receive TAS:

Address: _____ City, State, Zip: _____

Email to send therapy session invitation to: _____

DISCLOSURE/CONSENT/POLICY STATEMENTS

The following disclosures are intended to inform you of the additional policies and the therapy practices of Dr. White and Associates (DWA) relative to the delivery of technology-assisted services. Please read this information carefully before you sign this addendum. If you have any questions, please ask your therapist.

1. I UNDERSTAND that my identity and specific location must be verified at the beginning of each TAS session. I AGREE to provide this verification.
2. I UNDERSTAND that my therapist is required to identify their name and credentials at the onset of each TAS session.
3. I UNDERSTAND and ACCEPT that there are potential risks of TAS service delivery:
 - a. The service being slow, delayed, or disconnected, which could create confusing, misunderstood, or discontinued communication.
 - b. I understand that if these risks overcome the benefit of therapy, the session may be ended by either party.
4. I UNDERSTAND that the same services offered by DWA face-to-face are offered through TAS. Further, I UNDERSTAND that my therapist will endeavor to replicate a similar office-environment experience for my session. I AGREE to replicate my participation in a similar environment of privacy and focused attention, e.g., not working, not checking email or social media, not driving, etc.
5. I UNDERSTAND that my therapist is required to determine on an on-going basis if TAS delivery continues to be appropriate for the condition being treated, and that my therapist will notify me if TAS is determined to no longer be appropriate.
6. I UNDERSTAND that DWA employs technology security protocols to protect my privacy in the delivery of TAS.

Further, I UNDERSTAND that technological failures occur that may diminish the security of my privacy, requiring a backup plan. I ACCEPT the risks of these protocols failing, and the need for my therapist to discontinue a session as a backup. I UNDERSTAND that my therapist will promptly revert to a secure phone service to continue the session.

7. I UNDERSTAND that electronic communication is provided through the third-party vendor, RingCentral, which “provides Transport Layer Security (TLS) and Secure Real-Time Transport Protocol (SRTP) encryption between all endpoints” of their service. Simply put, DWA delivers TAS using a secure and encrypted platform.
8. I UNDERSTAND that session notes and payments are managed by the third-party vendor, TherapyNotes, whose “data is always surrounded by multiple layers of protection, including FIPS 140-2 compliant encryption, several powerful firewalls, and an SSAE 16 SOC 1 Type II, SOC 2 Type II, PCI-DSS, GLBA, and HIPAA audited data center.” Simply put, DWA employs TherapyNotes to manage documents and payments and they do so in a secure and encrypted manner.
9. I UNDERSTAND that my therapist has received the training required to offer TAS.
10. I UNDERSTAND that my therapist is physically located in Lubbock, Texas at 2545 74th St., with the business number of 806-780-0003. Further, I UNDERSTAND that my therapist may deliver TAS from an alternate location but will notify me of that alternate location if the need arises (COVID-19 restrictions).
11. I ACCEPT the risks of TAS as stated in this document and I UNDERSTAND that the main benefit is service delivery when face-to-face therapy is not convenient, desirable, or possible.
12. I UNDERSTAND that my therapist may not always be available. I ACCEPT that if I need therapy service when my therapist is unavailable, I can call the office number above, leave a voicemail, and that if I request it, I will receive a call back within 24 hours. If I am in a crisis, I ACCEPT that another therapist may be assigned to provide TAS.
13. I UNDERSTAND that in the event of an emergency I am responsible for calling 911 Emergency Services.
14. I UNDERSTAND that the same information collected in a face-to-face session (session notes) will be collected in a TAS session and that no passive tracking mechanisms will be employed by DWA.
15. I UNDERSTAND that electronic records must be kept for five years past the last session.
16. I UNDERSTAND that this document is an addendum to the DWA Intake form.

CONSENT TO TREATMENT

I AGREE that I have read and fully understand this document in its entirety. I FURTHER AGREE that my signature below and my initials at the bottom of each page indicate my full acceptance of the same in their entirety. I UNDERSTAND that I am giving my informed consent to DWA to be assessed and treated. I employ DWA to provide technology-assisted services. I UNDERSTAND that I will be provided a copy of this intake package addendum at my request.

Client Signature

Date