

Online Video Counseling – An Adjunct Service to Face-To-Face Counseling

**The LifeWorks Online Video Counseling Policy
(ONLY available for individuals in PENNSYLVANIA)**

Online Video Counseling has its inherent risks and rewards. It is a convenient way for students, individuals on business, and for those unable to leave their home to continue with their therapeutic treatment goals. Video conferencing, or what is often called Interactive Audio-Visual Technology (IATV), is a widely used alternative to face-to-face counseling services and offers many positive benefits. It also, however, comes with its share of risks.

LifeWorks Counseling Center, LLC (hereinafter referred to as “LifeWorks”) in conjunction with doxy.me strives to ensure that IATV is available to you as an alternative to face-to-face sessions. IATV can lead to a positive experience and has easy access.

It is the policy of LifeWorks Counseling Center, LLC to comply with all applicable federal, state, and local regulations governing Online Video Counseling. Among other regulations, these include the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH ACT) enacted in 2009. The risks of Online Video Counseling are obvious. There is a stronger likelihood of a breach of confidentiality and privacy with Online Video Counseling. There is always the possibility of dropped calls and potential interruptions of service and disruption of clinical exchange, which can be significant in some setting with clients. If any such interruption would occur, please contact our office immediately until the interruption can be resolved. The telephone number to reach LifeWorks Counseling Center is (610)323-HOPE(4673) Finally, many online platforms are not HIPAA compliant or HITECH compliant.

The IATV that LifeWorks is electing to presently use for Online Video Counseling is doxy.me (<https://doxy.me>). Doxy.me features high quality HD video and audio to ensure you have the best experience possible. There is no download needed, plug-in required, and nothing to install. Doxy.me automatically works in most popular browsers. Doxy.me never has access to any information, health or otherwise, that you may observe, transmit, or receive by using doxy.me. Because doxy.me has no contact with the calls made using the doxy.me software, and therefore does not access the Protected Health Information (PHI) being sent across the Internet, it is presently considered HIPAA and HITECH Act compliant. LifeWorks retains the right to change such program at their sole discretion in the event an improved or more efficient alternative becomes available.

Tips to Have a Better Call through DOXY.ME

- Use an updated Chrome or Mozilla Firefox browser
- Make sure your webcam, microphone, and speakers are on and adjusted appropriately
- As a client, be sure to sign in using your first and last name
- Limit internet usage during a call. For example, do not stream movies or download music at the same time, even on a different computer on the same network
- Use an HD webcam camera to achieve an HD video feed
- Face a light source and limit background noise
- Sit between 2 ft. to 4 ft. from the webcam
- Use an Ethernet cable to connect to the internet
(a poor Wi-Fi connection can sometimes impact call quality)

Agreement to Participate in Online Video Counseling
(ONLY available for individuals in Pennsylvania)

1. I understand that my counseling provider, _____ (hereinafter referred to as “my counselor”) of LifeWorks Counseling Center (hereinafter referred to as “LifeWorks”) offers Online Video Counseling services as an alternative to an in-office, face-to-face counseling session for individuals who are at least 18 years of age and currently reside in Pennsylvania. We are also offering online video counseling during the Coronavirus quarantine, with parental permission, for children between the ages of 10-17.
2. I understand that I must be physically located within the Commonwealth of Pennsylvania when I participate in any Online Video Counseling Session. I will provide my counselor with the address/location where I will be participating in Online Counseling Sessions. It is my responsibility to notify my counselor if I am participating in an Online Video Counseling Session from another location within Pennsylvania.
3. I understand that the out-of-pocket fee per session for up to fifty (50) minutes is \$85.00. The fee must be paid by credit card at time of scheduling the session at <http://www.lifeworkscounselingcenter.net/MakeaPayment.en.html>, **unless my counselor and I have each confirmed with my insurance that this is a covered service.** I understand that I am responsible for any copay, co-insurance, or other amount determined by my insurance carrier as the Patient Responsibility amount.
4. The cost for this service may change at any time with at least thirty (30) days notice to the client. There is no refund for any missed Online Video Counseling appointment. If a technical issue occurs, the session may be continued telephonically or rescheduled at a mutually convenient time between myself and the counselor.
5. I understand that this means that I will be able to consult with my counselor at a scheduled session through an interactive video connection.
6. I acknowledge that my counselor has thoroughly explained to me how the video conferencing technology will be used. There will be one free fifteen (15) minute call to ensure that the video service is working and that both parties are able to communicate with each other. No counseling will occur on this call.
7. I understand that this session will not be the same as a face-to-face visit since I will not be in the same room as my counselor.
8. I understand that I must advise my counselor of any and all individuals who are in the room with me while I am attending an Online Video Counseling session at the beginning of each session.
9. I understand there are possible risks of an incomplete or ineffective session because of the technology, and that if any of the risks occur, the session may terminate. The risks may include: Failure, interruption or disconnection of the audio/video connection; a picture that is not clear enough to meet the needs of the session; a minor risk of access to the session through the interactive connection by electronic tampering.
10. I understand that in place of this Online Video Counseling session I may seek an in-office, face-to-face session with my counselor or an alternative counselor or healthcare professional of my choice once the risk of Coronavirus has passed.
11. I understand that I will not receive any royalties or other compensation for taking part in this session or for the authorized use of any session images or audio.
12. I further understand that my counselor offers this service as an alternative to no counseling at all and does not promote this service over any face-to-face session. This service is offered solely as an alternative to foregoing counseling altogether as a result of my inability to travel to the LifeWorks office.
13. I understand that during the counseling session, if the counselor deems the client as being a danger to self or others, or is in need of immediate local assistance, the counselor will contact the local agency, hospital, or police department to assist the client, as well as the emergency contact on file.
14. I release LifeWorks, its employees, agents and assigns from any and all liability which may arise from Online Video Counseling sessions, the use of interactive audio/visual connections, or from the taking or authorized use of any images or audio obtained.
15. I have read and understand this consent and all of my questions have been answered to my satisfaction. I understand the risks, benefits, and alternatives of the Online Video Counseling and consent to it.
16. **I understand that my insurance company may not cover the costs of Online Video Counseling and that it will solely be my responsibility for payment of the costs for these services at the rates previously mentioned.**
17. In addition, I authorize my counselor to conduct my sessions by telephone, if necessary. (circle one) Yes No

Client/Representative Signature

Date

Witness Signature

Relationship to Client

Online Video Counseling Authorization & Waiver

I, _____, hereby authorize LifeWorks Counseling Center, LLC to use and/or disclose protected health information ("PHI") via Video conferencing, or what is often called Interactive Audio-Visual Technology (IATV).

This authorization shall be in force and effect until nine (9) months after my death or until I revoke this authorization in writing at which time this authorization expires.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that HIPAA doesn't certify software as being HIPAA compliant or not. Instead, various companies claim HIPAA compliance.

I understand that Online Video Counseling is not a replacement for face-to-face counseling and should be used solely as a tool to allow me to continue sessions when face-to-face sessions are unavailable.

I understand that information used or disclosed pursuant to this authorization may be disclosed by recipient and may no longer be protected by federal or state law.

Client Name

Date of Birth

Address/location where I will be participating in Online Video Counseling Sessions

Client/Representative's Signature

Date

Representative's Relationship to Client

Witness Signature

EMERGENCY CONTACT INFORMATION

Name

Relationship to Client

Address

Telephone #