**Counseling and Psychological Services of the Upstate**

**402 Pendleton Rd. #4**

**Clemson, SC 29631**

**864-633-0210**

**TELEHEALTH PATIENT CONFIDENTIALITY PROTOCOL**

This document supplements CAPSU’s Psychotherapist-Client Service Agreement.

1. The same requirements for patient privacy and confidentiality that apply for in-person visits apply to visits conducted over video-conference or telephonic sessions (in the instance where there are technical difficulties during a video-conferencing session).
2. The privacy and confidentiality of the telehealth services will be maintained by ensuring that the locations of the patient and the psychologist are both secure and private. The services will be provided in a controlled environment (closed door) where there is a reasonable expectation of absence from intrusion by others. Having others intrude on the session compromises confidentiality as well as the usefulness of the session. It is advisable that the session take place in the same environment to limit time focused on new privacy concerns, use of technology, lighting and noise. This eliminates the possibility of sessions in shared, open or public spaces. If conducive conditions cannot routinely be met, the use of telehealth will need to be revisited.
3. The psychologist will not audio- or video-tape the sessions without written informed consent from the client. The expectation is that the client will also not tape the sessions. An exception might be discussed when practicing a relaxation exercise, but this will be discussed with both parties beforehand in each separate instance.
4. Dr. Ruth will start each session by asking the client to confirm his or her location, have the client scan the room with the device and confirm the situation is a controlled environment.
5. See the codewords to be used between client and therapist on the ‘In Case of Emergency Form’ in the event that the environment becomes unsafe or if confidentiality is in jeopardy due to another party being present.
6. If you are having a life-threatening emergency and technology fails, do not call me back, call 911 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.
7. If the session is interrupted and it is a non-emergency, disconnect, wait two minutes and reconnect. If you do not get a call from me in 2 minutes than call me at 864-633-0210.

By signing this form, I certify:

* I have read this agreement and agree to its term.
* I fully understand its contents including the risks and benefits of the procedure(s).
* I have been given ample opportunity to ask questions and that any questions have been

answered to my satisfaction.

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Printed Name of Client Client Date of Birth

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Signature of Client Date