

Psychological Health Roanoke: Telehealth/Electronic Communications/Social Media Policy

Psychological Health Roanoke follows standard HIPAA regulations. To ensure your right to have your privacy protected, we ask you join us in adhering to the following standards. Your therapist will review and/or discuss any questions you may have related to this policy.

Secure communication services we offer:	These are NOT secure/ confidential forms of communication:
Telephone contact – available during business hours with our reception staff.	Texting
Encrypted email – You will be prompted to set up a password which you should retain for future communications. Emails and texts with your therapist are considered part of the clinical record and will be recorded in your chart.	Unencrypted email

Clinicians are NOT permitted to accept friend requests from current or former clients on any social media sites.

Telehealth Services:

Telehealth services allow the client and clinician to engage in services without being in the same physical location. **Both the clinician and the client must be in Virginia during the scheduled session, unless otherwise agreed upon ahead of time.** There is potential for other people overhearing sessions if you are not in a private place during the session. Therefore, you should participate in therapy only while in a room or area where other people are not present. Your therapist will take reasonable steps to ensure your privacy on their end.

If an emergency/crisis were to arise during the therapy session, we will contact your emergency contact you listed on your initial paperwork to assist in addressing the situation. If the session is interrupted for any emergency reason, call 911 or go to your nearest emergency room. Carilion Clinic has the Connect program (540-981-8181 or 800-284-8898) for psychiatric emergencies. If the session is interrupted for any non-emergency reason, we will call you back.

There is no guarantee your insurance will cover telehealth services. Please contact your insurance company prior to engaging in telehealth sessions to determine if the sessions will be covered. Our financial office can help with this.

The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. This agreement is intended as a supplement to the informed consent that your therapist and you agreed to at the outset of your clinical work together and does not amend any of the terms of that agreement.

This signed document represents an agreement between your therapist and you. Your signature below indicates agreement with its terms and conditions.

I have read and understand the above policy. I understand that there are risks to confidentiality if I were to choose to avoid encrypted email or other electronic communication methods.

Please print patient's name

Therapist's name

Signature of patient/parent/guardian

Date

If you would like to have your email communication encrypted, please initial here: _____