

Technology Assisted Counseling (TAC) Consent, Policies, & Agreement

This document discusses the terms and agreements of using **Technology Assisted Counseling (TAC)** sessions at Catholic Charities of Eastern Virginia, Inc. Technology Assisted Counseling can consist of telephone, and/or video/virtual counseling utilizing Zoom Video Communications. Prior to engaging in TAC, an assessment/consultation will be done by your counselor to assure that TAC is an appropriate form of counseling for you. You must sign this document in order to participate in TAC counseling. This form will cover both **Virtual Zoom Counseling sessions and Telephone Counseling sessions** and your participation in it.

Benefits

The benefits to Technology Assisted Counseling are:

1. The ability to expand client choices in regards to virtual counseling options.
2. Increased safety for the client during times of illness or amidst a pandemic.
3. Reduces the overall cost of therapy due to not having to drive to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

Limitations

It is important to note that there are limitations to TAC counseling that can affect the quality of the session(s). These limitations include, but are not limited to the following:

1. In **Telephone Counseling**, the counselor cannot see you, your body language, or your non-verbal reactions to what is being discussed.
2. Due to technology limitations with **Telephone Counseling**, the counselor may not hear all of what you are saying and may need to ask you to repeat things.
3. In **Virtual Zoom Counseling**, technology might fail before or during the TAC counseling session. Clients will need to set up a verification code on the Verification Information Sheet for TAC in case they need to switch mid session to **Telephone Counseling**.
4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.
5. To reduce the effect of limitations in **Telephone Counseling**, the counselor may ask you to describe how you are feeling, thinking, and/or acting in more detail than the counselor would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

Verification Process

In order to remain HIPAA compliant, a verification process will be in place for **Virtual Zoom Counseling and Telephone Counseling**. This will consist of giving three (3) numbers and three (3) letters that you previously created and sent to your counselor prior to TAC services beginning. You agree to comply with all and any requests for verification of your identity. This is done to ensure that the counselor is speaking to the true, identified client when providing **Telephone Counseling**. As mentioned, if **Virtual Zoom Counseling** fails, the session may switch to **Telephone Counseling**. All clients need to set up a verification code so counseling can continue via telephone if there are virtual

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technology failures. (See last page for verification process)

Logistics

When **Telephone counseling** sessions are provided, the counselor will call you at your scheduled time. The counselor will verify that you are the correct and identified client prior to the TAC session starting. The expectation is that you will be available at the scheduled time and are prepared, focused, and engaged in the session. The counselor will be calling you from a private location where the counselor will be the only one in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality, preferably in a closed room with a door. If you choose to be in a place where there are people or others can hear you, the counselor cannot be responsible for protecting your confidentiality. **Every effort MUST be made on your part to protect your own confidentiality.** Please know that the counselor cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. If the counselor feels that confidentiality is not upheld, a discussion will occur regarding rescheduling the counseling appointment. Please assure that you reduce all possibilities of interruptions for the duration of your scheduled appointment.

When **Virtual Zoom counseling** sessions are provided, the client will need to have a smart device with audio and video capabilities in order to participate. The counselor will schedule a **Virtual Zoom meeting** and send the client the meeting ID, password if applicable, and/or send an invite link to the client to join the meeting virtually. The expectation is that you will be available at the scheduled time and are prepared, focused and engaged in the session. The counselor will be contacting you from a private location. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality, preferably in a closed room with a door. Utilizing headphones and/or a headset could also provide you with additional confidentiality. If you choose to be in a place where there are people or others can hear you, the counselor cannot be responsible for protecting your confidentiality. **Every effort MUST be made on your part to protect your own confidentiality.** If the counselor feels that confidentiality is not upheld, a discussion will occur regarding rescheduling the counseling appointment. Please assure that you reduce all possibilities of interruptions for the duration of your scheduled appointment.

Please know that per best practices and ethical guidelines, the counselor can only practice in the state the counselor is licensed in. That means wherever you reside the counselor must be licensed. You agree to inform the counselor if your therapy location has changed or if you have relocated your domicile to a different jurisdiction. Residents who hold a Resident License from the Virginia Board of Counseling and Licensed Professional Counselors who hold a Licensed Professional Counselor license from the Virginia Board of Counseling can provide both **Telephone and Virtual Zoom Counseling.**

Connection Loss During Telephone Sessions

If connection is lost during the **Telephone session**, the counselor will call you back immediately. You may also attempt to call **757-467-7707** and ask for your counselor. The counselor will attempt to call you **THREE (3)** times. If the counselor cannot reach you, the counselor will remain available to

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you during the entire course of your scheduled session. Should you contact the counselor back and there is time left in your session, the session will continue as scheduled. If the reason for a connection loss (i.e. technology, your phone battery dying, bad reception, etc.) occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on the counselor's end, the counselor will attempt to call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

Connection Loss During Virtual Zoom Sessions

If connection is lost during the **Virtual Zoom Session**, the counselor will make every attempt to remedy the issue on their end. Client should attempt to remedy any technical issue on their end. If neither client nor counselor is unable to remedy the issue, the counselor and client will switch from **Virtual Zoom Counseling to Telephone Counseling**. Client will have already set up and submitted their verification code in the initial signed paperwork to their counselor. Counselor will confirm the client's verification code if the session is switched to **Telephone Counseling** due to technical failure on the part of a **Virtual Zoom Session**.

Recording of Sessions

Please note that recording, screenshots, etc. of any kind of any session is **not permitted** and are grounds for termination of the client-therapist relationship.

Emergencies and Confidentiality

An emergency contact is requested for **Telephone Counseling and Virtual Zoom Counseling** service. Please list the person's first and last name, relationship, and phone number(s) of your emergency contact:

Full Name	Relationship	Number(s)
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The address from which you are calling and the number to your local police department including area code in the area in which you are located during the time of our call is requested for this service. Please list the address from which you are calling and the city, state, and number to your local police department:

Street Address

City	State	Zip Code
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City and State of Local Police Department	Phone Number
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If a situation occurs and you get disconnected while you are in crisis, you agree to refer to your crisis

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prevention plan and safety contract (if applicable), call 911, go to your local emergency room immediately and/or contact the National Suicide Hotline at 1-800-273-8255.

If the counselor has concerns about your safety at *any* time during a phone session, the counselor will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in the informed consent that you signed, including all the confidentiality exceptions, applies for both **Virtual Zoom Counseling sessions and Telephone Counseling sessions.**

Consent to Participate in TAC Sessions

By signing below, I agree that I have read and understand all of the above sections of TAC informed consent, including the limitations associated with participating in TAC counseling sessions. I also agree and consent to attend sessions under the terms described in this document as indicated by my signature.

Client Name

Client Signature

Date

CCEVA Representative

Date

Verification Information Sheet for Technology Assisted Counseling (TAC) Services for Mental Health Counseling.

This document will be used to verify your identity when using Technology Assisted Counseling (TAC) services with Catholic Charities of Eastern Virginia, Inc.

Please list your basic information:

Client name

Date of Birth

Street Address

City

State

Zip code

Please list three (3) numbers and three (3) letters to give to your counselor prior to every session to verify your identity.

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Numbers

Letters

By signing this document, I agree to all and any requests for verification of my identity. I agree to provide the numbers and letters I created to my counselor prior to TAC services beginning.

Client name

Client signature

Date

CCEVA Representative

Date