**Private Practice of Kathleen M. Michaud, PhD**

PO Box 140544 ▪ Garden City, Idaho 83714 ▪ 208-971-5806 ▪ Fax 208-629-1358

**Permission for Telehealth Visits**

**Dear Clients,**

The U.S. Department of Health and Human Services Office of Civil Rights (OCR) recently announced that **telehealth providers must have a Business Agreement in place for telehealth services on a HIPAA-compliant program (Doxy) by January 21, 2021.**Therefore, I must ask you to sign this additional form, to be used until we return to in person sessions. Thank you for your patience!

**Possible Negative aspects of telehealth**

\*Being in two different physical spaces may feel different than being in the same room.

\*I may miss some nonverbal information as I can only see part of a client on telehealth

\*Technical problems may interrupt a session before it is done.

**Privacy and telehealth**

 \*Sessions are not recorded.

 \*No one else is present with me during your session.

 \*Make sure you are in a private space so your session is not overheard.

 \*Doxy is designed for privacy.

\*There is a **very unlikely** possibility that an unknown source may use technology to interfere in the privacy of an on-line session.

**What if I try on-line sessions and don’t like it?**

\*Most clients have found it works just fine for them. But if it doesn’t, please discuss it with me, and we can make other arrangements. If we are not in a session when you decide this, please call me at 208-971-5806.

\*You can stop on-line sessions at any time.

**Cost of telehealth sessions**

 \*The cost is exactly the same as for in-person sessions.

**Signing this document**

 \*Please ask any questions you may have before signing.

\*If you are a current client, no changes will occur in signing this form, and your sessions will continue as usual.

Printed Name Date

Signature Date