

ounselin Northwest

Mill Creek Office Park 16000 Bothell-Everett Hwy Ste. 270 Mill Creek, WA 98012

Mailing Address: 16212 Bothell-Everett Highway PMB #131 Mill Creek, WA 98012

NOTICE REGARDING TELE-HEALTH

In an effort to protect my clients from the Coronavirus, I have decided to no longer see clients in person as of Monday, March 23, 20020, until the virus subsides.

Instead, I will do all of my psychotherapy sessions via Tele-health services.

I would have preferred to talk through this choice in advance with each of my clients, but circumstances are changing so rapidly in Washington, that that was not possible. My intention is to provide as much continuity of care for my clients as I am able to offer. Here's what it means for you as a client:

- I am using a web-based platform called 'Simple Practice'. It is fully HIPAA-compliant and offers the same privacy as in our office sessions. This platform involves video conferencing, allowing for both audio and video for our conversations.
- To use this platform, you will need to use one of the following browsers: Firefox; Chrome, or Safari; (the most updated versions are optimal).
- You will also need a strong enough internet connection to stream video content. You can also use your cell phone phone for this purpose if that is easier for you, although a computer screen likely would be better.
- How it works: At the scheduled time for your session, I will send you an e-mail with a link to our video session. Simply click on the link in the e-mail and our video session will load on your computer (or cell phone) screen. At the end of the session, click on 'End Session' at the bottom of the screen.
- Please sign the attached *Telet-herapy Services Agreement* and send it back to me by fax, e-mail, an image of the3signed form in a text message, or by regular mail.

• Most plans are covering these services, but you would need to check if yours does so. If you want to use your insurance, please call the customer service number on the back of your insurance card to determine if your plan covers Tele-health services. If so, your fees, co-pays, and co-insurance will be the same as you've been paying for in our office therapy sessions. If your plan does not cover Tele-health services, please contact me and we'll figure out what to do on a case-by-case basis.

Sincerely,

Matthew N. Sech

Matthew R. Evich, MA, LMHC



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TELE-THERAPY SERVICES AGREEMENT

- Unless we explicitly agree otherwise, our tele-therapy exchange is confidential, and subject to the same laws as our in-person psychotherapy sessions.
- Tele-therapy is a great tool for us to use when face-to-face meetings are not available. On the other hand, overwhelming or potentially dangerous situations are best handled through 'inperson' support. If at any time I believe you are in danger, I will refer you to the nearest emergency room for more immediate services.
- If you have insurance, and want to use that coverage for tele health services, please call the customer service number on the back of your insurance card to verify whether you plan covers tele-health services or not. If your plan does not cover these services, you will be responsible for paying any fees resulting from tele-health services.
- My tele therapy services are offered through a web-based platform called 'SimplePractice.' This platform is fully HIPAA compliant and encrypted so that others cannot listen to or otherwise compromise the privacy of our conversation. You will need one of the following browsers to access tele-therapy: Chrome; Safari; or Mozilla-Firefox; (updated versions are optimal). You will also need an internet connection that is strong enough to allow you stream video content.
- When we agree to set up a tele-therapy session, I will send you an e-mail at the time of your appointment. This will provide you a link to our video conference. This link is only active for the duration of our session, and when the session ends, the video no longer exists. I will keep notes, just as I do for in-person psychotherapy sessions.

I have read and understand the terms of this agreement, and accept these terms as written:

(Client Signature)

(Date)

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