



MELANIE CHUNG-SHERMAN, LCSW PLLC
Empathy. Encouragement. Empowerment.

Telehealth Consultation Agreement

I have a duty to inform you of possible limitations and/or hazards of Consultation/Telehealth.

My computer is in a private setting through a private VPN line; however I cannot guarantee 100% confidentiality. The following should be taken into consideration **to be aware of a number of concerns about telecommunication-based service delivery including the following:**

1. The increased potential that a therapist will have limited knowledge of a distant community's resources in times of crisis.
2. The lack of vocal, visual, and other sensory cues due to connectivity.
3. The potential that equipment failures may lead to undue patient anxiety particularly in crisis situations.
4. The potential inability of someone in crisis or those unfamiliar with technology to adequately access and use the technology.
5. The lack of confidentiality and privacy.
 - By using this service, you agree to maintain the level of privacy you desire and hold me harmless against any loss, liability or damages due to a possible breach of confidentiality.
 - **Telehealth will only be provided to clients 13-years and older. If a client is a minor, I must obtain written permission by every legal guardian/parent prior to the start of session.**
 - Technical problems may interrupt or degrade the quality of sessions via telehealth. I reserve the right to terminate any session if I feel that communication quality is inadequate and reschedule with you should you choose.
 - You agree to have a working computer, webcam device, microphone, WIFI connection, and private location per session.
 - I will utilize Zoom, a HIPAA compliant telehealth service only. I will send the link to our sessions within 24-hours. You must download the link and ensure that it is working prior to our session.
 - **Teleconsultation only:** This is a prepaid service only and guarantees your session with me. The lack of proximity to consultees prevents me from realistically collecting following a session.
 - Sessions will not be recorded, uploaded, shared, nor maintained in a database, hard drive, or a cloud service by Ms. Chung-Sherman.



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- I agree not to live stream, publish, or share recordings of sessions on social media or other public platforms without written permission of Ms. Chung-Sherman. Failure to obtain permission will result in termination of services.
- I cannot provide on-going psychotherapeutic services for any individual located outside the State of Texas per my licensure.
- I reserve the right to contact authorities in your area and/or a welfare check should, at any point during our communication, if I assess elevated and/or imminent risk related to harm to self or others.
- Prior to each session, you agree to verify your location, a phone number you can be reached at, and emergency contact.
- If I suspect child/elder abuse or neglect, I am obligated to report to authorities and break confidentiality.

Under RULE §781.414, I verify that I am a licensed clinical social worker and supervisor:

(e) A licensee who offers social work services on the Internet must include a statement that the licensee is licensed by the State of Texas and provide a copy of the Code of Conduct with the information on how to contact this board by mail or telephone.

Texas State Board of Social Work Examiners
Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369
1-800-942-5540

http://www.dshs.state.tx.us/socialwork/sw_complaint.shtm

I agree that there may be inherent risks involved with consultation and/or telehealth, including but not limited to lack of complete confidentiality and privacy due to limitations regarding technology and this form of consultation/communication.

I have provided accurate information to the best of my knowledge to Ms. Chung-Sherman beforehand and do not hold her liable for any willful misrepresentation or false information that was provided to her prior to, during and after the consultation/telehealth.

I agree to pay Ms. Chung-Sherman's fee agreed upon per session. A late cancel (less than 24 hours and/or no show--10 minutes cut-off) will result in a \$50 missed appointment fee. I understand that my insurance may not cover this service and I am liable for all fees.



By using this service you and your heirs or designates acknowledge and agree to hold me harmless from any loss, liabilities or damages you may incur by the use of these services due to inherent factors outside my control.

I give permission for Ms. Chung-Sherman to contact my emergency contact should she assess imminent risk of harm to self or others.

I give Ms. Chung-Sherman permission to treat my child _____, DOB: _____ via telehealth. I understand that I can withdraw my permission at any time in writing.

Telehealth Signature Page

Minor's Name (if under 18 years old)

Date

Client's Printed Name

Date

Client's/Parent's Signature

Date

Therapist's Signature

Date

Emergency Contact: _____ (Name and Phone)

Emergency Contact: _____ (Name and Phone)



Phone to be reached at (if different than information on file):
