



## Technology-Assisted Services - Informed Consent Addendum

This addendum is an addition to The Vine Wellness Group's general Informed Consent to therapy and related services. Those appropriate clients and interns who wish to receive services by use of **phone, video conference, email or text** will be subject to agreement to the following: *(each adult client must initial after each policy)*

### **Confidentiality when using Technology:**

Creating an appropriate and confidential space is essential in any treatment. TVWG providers make all appropriate efforts to ensure your confidentiality as if meeting in person. We strongly encourage clients/interns to **take all reasonable efforts** to ensure confidentiality on your end by choosing a space that is free of distractions (includes but not limited to restricting access in and out of chosen space, phone on Do Not Disturb, quiet location...) and restricts potential eavesdropping of treatment in progress.

*I have read and agree to the above policy* \_\_\_\_\_

### **Privacy with Personal Health Information and HIPAA:**

TVWG has researched and chosen a platform for Tech-Assisted treatment that is HIPAA compliant and protects the PHI of our clients. Communication outside the chosen platform is prohibited in order to comply with the Federal and State requirements for client privacy and protection. TVWG providers will not respond to communication outside the limits of the chosen platform.

*I have read and agree to the above policy* \_\_\_\_\_

### **Forms and signatures:**

All intake paperwork, assessments and additional forms for clients/interns will be sent to the client/intern ahead of the scheduled appointment time for review. However, all paperwork will be signed in the presence of TVWG provider for proof of identity during the scheduled session time. The completed forms can then be scanned and emailed or faxed to TVWG for storing. Signing any forms outside these limits will be void, and new forms completed per policy.

*I have read and agree to the above policy* \_\_\_\_\_

### **Handling an interruption in technology during services:**

If there is an interruption of the session due to WIFI issues/connection, power outage, or other extraneous issues, the therapist will attempt to use other means of communication to continue the session. For example, if meeting by video conferencing and disconnection occurs, the therapist will use a landline or cell phone to call to continue session. TVWG provider and client/intern will agree to the alternate methods ahead of time and document

here: \_\_\_\_\_ In some rare

The Vine Wellness Group  
14802 Jones Maltsberger Rd #1101, Building 1  
San Antonio, TX 78247 \* 210-490-4419

instances, as a last resort the session may be rescheduled due to unforeseen circumstances of technological failure. We will make every reasonable effort to create an uninterrupted treatment experience.

*I have read and agree to the above policy \_\_\_\_\_*

**Recording policy:**

There will be **NO** recording of any communication (phone, video, email or text) between client/intern and TVWG provider, unless all parties are in agreement and permission is granted in writing.

*I have read and agree to the above policy \_\_\_\_\_*

**Best Practices:**

TVWG providers take your privacy and confidentiality very seriously. Therefore, we have taken every effort to implement up to date policies and procedures to be compliant with current government and board standards within the state of Texas. A signed TVWG Informed Consent for treatment in addition to this Tech-Assisted Addendum by the client/intern communicates the desire and adherence to TVWG policies and procedures.

*I have read and agree to the above policy \_\_\_\_\_*

**Failure to Comply to Policies/Procedures:**

If the client/intern does not adhere to the above policies and procedures, TVWG provider has the ability to discontinue Tech-Assisted Services and either make alternative arrangements for services or provide appropriate referrals for treatment.

*I have read and agree to the above policy \_\_\_\_\_*

I, \_\_\_\_\_, give my consent for treatment for myself or my minor child,  
\_\_\_\_\_, through The Vine Wellness Group. I understand all of the above sections

that I have initialed, and agree to pay for services when rendered.

*To be signed by client/s*

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

The Vine Wellness Group  
14802 Jones Maltzberger Rd #1101, Building 1  
San Antonio, TX 78247 \* 210-490-4419