

Teletherapy Informed Consent

Last Updated: 04/16/2024

I hereby consent to receiving teletherapy services from Huddle Up, Inc (“Huddle Up”). I understand that teletherapy is the provision of professional counseling services via a virtual delivery system, such as audio/video synchronous technology. The teletherapy services will be provided through an internet-based platform and data is encrypted for high levels of protection and privacy. Teletherapy services are provided by licensed professionals, including but not limited to Licensed Clinical Social Workers (“LCSW”), Licensed Marriage and Family Therapists (“LMFT”), Licensed Occupational Therapists (“OT”), and Licensed Speech Language Pathologists (“LSLP”) (collectively “Therapists”). Teletherapy services may include evaluation, assessment, consultation, treatment and psychoeducation. A licensed Therapist who is trained in the use of teletherapy will provide all teletherapy services.

Technology

I understand that in order to receive teletherapy services I must have reliable internet and a laptop, desktop, or tablet with a microphone and video. I may need to download an application and/or software to use the Huddle Up platform. I understand and acknowledge that I will need access to, and familiarity with, the appropriate technology in order to participate in teletherapy services. I further agree to comply with the Terms of Use and Privacy Policies of the technology platform utilized in my telehealth encounters (Family Care Hub).

Financial Obligation

I agree that I am financially responsible for payment for all amounts for services provided by Huddle Up. I understand that I will be responsible for any payments for teletherapy services not covered by my insurance plan, including copayments or coinsurance, and deductibles. I understand that my payment information is stored and processed by a third-party provider called Stripe, and that I will be automatically charged at the time teletherapy services are scheduled to begin to the extent that the fees are not covered by my insurance benefits. If I wish to cancel my account and discontinue services, I must do so in writing to my Therapist.

Scheduling & Cancellation Policy

I understand that scheduling of teletherapy services is conducted through my account and is based on my Huddle Up Therapist’s availability. All session cancellations must be initiated from my account profile page. I understand that I cannot cancel my session by



emailing my Therapist or the support team. I acknowledge Huddle Up's cancellation policy as follows:

- If I am seeking services outside of a school referral or sponsored organization-covered sessions, I understand
- If I cancel my session more than 24 hours before the session start time, I will not be charged.
- If I cancel my session within 24 hours before its start time, I will be charged for the full session rate if covered sessions are no longer available or for the full count of covered sessions.
- All no-show cancellations will be charged the full session rate. A "no show" is defined by not entering the session within 15 minutes of the scheduled start time of the session.
- If your health plan does not allow Huddle Up to bill you for no-show appointments we will not bill you.

Crisis/Emergency Policy

Teletherapy sessions are considered outpatient services and are not a substitute for emergency or crisis services. I understand and acknowledge that a Huddle Up Therapist may not be available for contact between scheduled sessions. In the event of a crisis or mental health emergency, I understand that I should use my local crisis line, dial 911, or seek help from a hospital or crisis-oriented health care facility in my immediate area. I understand it is my responsibility to add my contact information and emergency contact information in my account profile.

Continuity of Care

My Huddle Up Therapist will require a release of information before sharing my personal health information with my primary care physician, pediatrician, and any additional mental health providers (ex. psychiatrist).

Confidentiality

I understand that the information disclosed by me during the course of my teletherapy services is confidential. However, there are mandatory and permissive exceptions to confidentiality including, but not limited to: (i) suspected child, elder, and/or dependent adult abuse; (ii) expressed threat of violence towards an ascertainable victim; (iii) expressed threat to harm or kill self; and (iv) court subpoena. I recognize that transmissions over the internet are at my own risk and that Huddle Up cannot guarantee the security of any information I transmit to them over the internet.



Trainee Observation

“Trainees” are Huddle Up employees who are newly hired by Huddle Up and undergoing training and orientation. From time to time, Trainees may attend teletherapy sessions and observe Huddle Up Therapists providing services to patients for the purposes of training and quality improvement. If you consent, Trainee(s) may attend your teletherapy session(s) and observe Huddle Up Therapists in their provision of services to you. Trainee(s) will observe the teletherapy session(s) either through video, audio, or other videoconferencing technology. Trainee(s) will not provide services, offer counseling or other advice, or otherwise interact with you. Prior to the therapy session, your Huddle Up Therapist will inform you if a Trainee will attend your session. You have the right to revoke your consent to the Trainee observation at any time by communicating to your Huddle Up Therapist that you do not want a Trainee to observe your teletherapy session.

Rights and Obligations with Respect to Teletherapy:

1. I have the right to withdraw my consent for teletherapy at any time without affecting my right to future care or treatment upon written notice to my Huddle Up Therapist.
2. I understand that Huddle Up has the right to discontinue services at any time upon written notice to me.
3. I acknowledge that no guarantee has been made to me regarding the effectiveness or result of evaluation and/or treatment.
4. I understand that I will need to provide Huddle Up with an emergency contact in case an emergency should occur while I am receiving services from a Huddle Up Therapist.
5. I understand that teletherapy services may not be as complete as in-person services. I also understand that if my Therapist believes that I would be better served by in-person services, I will be referred to a Therapist who can provide such services in my geographic area.
6. I understand the above-stated description of teletherapy and consent to receive services through an internet-based platform. I will make every effort to maintain the security and privacy of my sessions. I release all Huddle Up professionals and entities from any liability should privacy or security be breached due to my failure to provide a private and secure session.
7. In the event that the client is a minor, I acknowledge and agree that a parent or legal guardian must be present during teletherapy session(s).



8. This contract will be governed by the laws of the state in which I reside.

9. I understand it is my responsibility to notify my Therapist if I am receiving services in a state other than where I reside.

10. I understand that there are benefits, risks, and possible consequences associated with teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Huddle Up, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

11. I understand that I have a right to access my medical information and to obtain copies of medical records in accordance with federal and state law.

I have read and understand the information provided above. I understand the risks, benefits and my rights related to teletherapy services. I hereby request and give my informed consent to Huddle Up's provision of teletherapy services.

BY CLICKING ON THE "BOOK APPOINTMENT", "CONFIRM CREDIT CARD", "ACCEPT", OR "AGREE" BUTTON, YOU ARE SIGNING THIS CONSENT FORM ELECTRONICALLY. YOU AGREE YOUR ELECTRONIC SIGNATURE IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE ON THIS CONSENT FORM. BY CLICKING ON THE "ACCEPT" OR "AGREE" BUTTON, YOU REPRESENT AND WARRANT THAT: (A) YOU HAVE READ AND UNDERSTAND THIS CONSENT FORM IN IT'S ENTIRETY, (B) YOU HEREBY REQUEST AND GIVE INFORMED CONSENT TO HUDDLE UP (C) YOU AGREE TO BE BOUND BY THIS CONSENT FORM, (D) THE INDIVIDUAL CLICKING HAS THE REQUISITE POWER, AUTHORITY AND LEGAL RIGHT TO ENTER INTO THIS CONSENT FORM ON BEHALF OF YOU, AND (D) BY SO CLICKING, THIS CONSENT FORM CONSTITUTES BINDING AND ENFORCEABLE OBLIGATIONS OF YOU.

