

0088 What Does Your Informed Consent Need

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Welcome back to the Abundant Practice Podcast. I'm your host, Allison Puryear, over at AbundancePracticeBuilding.com and AbundanceParty.com. And I'm here with my good friends Kate and Katie from the Private Practice startup. You can check them out at theprivatpracticestartup.com. Hey guys.

Kate: Hey Allison and Abundance Tribe! How's everybody?

Katie: Hey, it's good to be here. I'm actually so excited we're going to be hanging out in person in a few weeks.

Allison: I know, I'm super psyched. There's going to be a crew of us.

Katie: It's going to be a lot of fun.

Allison: It is. So today we're going to talk a little bit about some cya stuff. Cause that's important in our field. We are going to talk some about consents and what we need to have in our consents. You guys have this amazing paperwork package that is attorney approved and HIPAA compliant and hard core vetted. And I love it. And so, you guys are going to share some of what's in there with us. And I really appreciate that.

Katie: We appreciate being here and being able to share that. And today we're going to focus specifically on consent and technology assisted counseling as well. So, we'll focus on those two things, but of course as you guys all know there's so much more that goes into paperwork. But,

like you said, Allison, this is really the cya areas and its really, really, really important to assure that all these things are in your consent.

Allison: Yeah. So, let's start off with kind of your basic and formed consent. What do we need to have for that?

Kate: So yeah, there's a lot that really need to go on your consent form. And we like to think of the consent form and all of the paperwork, actually, as a way of really joining with clients and connecting with them and helping them to really know what to expect in working with you. And it's a great opportunity for conversation and for dialog. And so, you're starting off the therapist relationship, the therapist client relationship in a place where you are on the same page. Everybody knows what the expectations are. And so, one of the important things that you need to talk about, you need to be very clear on what the limits to confidentiality are. And the case if there's ever a situation of child abuse or vulnerable adult abuse or your client is at risk of hurting themselves or somebody else, they need to know what the limits of confidentiality are. And of course, it's important to start your session off with just reiterating that piece. And then, also have it very clearly defined in your consent form.

So, in addition to that, we want to talk about what are the benefits and the risks. According to the AAMFT ethical codes 1.2, we need to be very clear about what the potential benefits of therapy are. What the expectations are of your clients, of the therapists, and also what are the risks. Because sometimes therapy can stir up some unexpected emotions or someone may come, or a couple may come for a couple's counseling, but the problems may be so severe, that the relationship isn't salvageable, so it may actually end in them separating or divorce. So, there can be unexpected outcomes and challenges that can arise, and we need to be very clear on stating what those potential benefits and risks are.

Allison: I want to interrupt really quick, because you mentioned MFT's and certainly your license and your state are going to dictate what you need in your informed consent. But you guys have really kind of pulled all the information and made it, what you are talking about is not just for MFTs, it's also for LCSWs, it's also for psychologists. So, I just want to throw that out there so people aren't like, oh wait, well I'm a psychologist. This is not applying to me. It is.

Katie: Great point. And one of the things Kate and I did, and probably, I assume it would be helpful if people kind of understand in the background why two therapists get so excited about sharing that we create this paperwork. Because a lot of time we look to either attorneys or if we use an HMR EMR, they have paperwork. But just kind of like just taking a step back a little bit of background is, when Kate and I both got into practice, and I'm sure this is many of the stories is that maybe your audience experienced, I know its our experience that our [unknown 5:28] experiences is that we were gifted hand me down paperwork. And we thought it was like the bee's knees because here we are getting a private practice. We barely have like two nickels to rub together. We come from, I know I came from nonprofit. Kate was working at a hospital at the time. And it was exciting. But as we began to do some research and understanding, we

realized that the paperwork had a lot of holes in it and didn't cover all the things and all of our ethics. And one of the important things Kate and I have a rule of thumb is, we always go to the highest standard. So, if AAMFT says you have to have benefits and risks, everybody should have benefits and risks. Or if Psychologist states, you really need to cover this, then that is of the highest standard. So, the paperwork is created of the highest standard. So, as we came into private practice, and we understood our paperwork has holes in it, we individually began working on our own paperwork. We worked with attorneys. Then it came that point where it was like, the day where my intern was getting ready to go into practice. And we had been working she was like 4 hours a week from getting licensed. And we were talking about her practice and all the needs. And liability insurance on the office and all that stuff. And of course, we talked about paperwork. And she almost had that same experience that we did, and I said, what about paperwork? She goes, oh the person I'm going to rent from says I can use hers. I'm like that's great. Did you get it reviewed by an attorney? Did you look at it yourself? Like, did you jump in and really take a look at this? And she said, no, not yet. I was like okay. She goes, but its online. So, I was like, oh perfect. So, I pulled my computer out and jumped online. And I began looking at the paperwork. And it was one of those same scenarios. Like extreme holes in it. It didn't even talk about like [07:07] like nothing of that. So, it was like this panic moment for me, where I'm like, definitely happened to us. We have to help other therapists really assure that they are completely protected. And that's why it's so comprehensive, looking at all the different ethics and laws and rules across the board to really ensure that we are protecting ourselves as therapists.

Allison: Yes. I think that is so important. So, it's interesting, when I first opened my first private practice. I had a friend whose father was an attorney, who had gifted him paperwork, came up with for him. And he was like yeah, you can just copy mine. It was a page long.

Kate & Katie: Oh, my goodness.

Allison: Yes. So, if you guys have a page long informed consent, it's likely that its not doing its job.

Katie: It's not a resume.

Allison: Right. It's not a bullet point. There would be a lot of bullet points that would not fit on a page. So, suffice to say, later, I was like oh, oops. In a similar way. It sounds like as you guys realizing there are holes here, I'm not actually covered.

Katie: Yes, and we've actually been perfecting the paperwork for over 10 years before we worked with over 4 attorneys, both health care law and family law attorneys to bring the paperwork up to the highest legal and ethical standards. And I'm glad Katie shared this story about our background and why we became so passionate about paperwork. And helping therapist ensure, we're not really passionate about paperwork. We're definitely passionate about making sure therapists avoid legal risk in their practice. And that they continue to do what they love. And they really are covered and protected. Because having holes in your

paperwork is not like having a cool pair of holey jeans. Right? You don't want to be exposed and putting yourself at risk, or your practice at risk or anything like that. So, I'm glad you jumped in and shared that story, Katie.

Allison: So, lets hop back to what we need to have in our consent. So, you talked about harm to self, others and vulnerable populations. You talked about the risks and benefits of being in therapy. What else do we need to make sure we have?

Kate: so, one of the things we definitely need to have is about court orders and subpoenas. So, we often get the question, and I definitely see it on the Facebook groups, is I'm just going to write in my consent that I'm not going to go to court. You can't do that. So, if you've got a court order to appear in court, submit documentation, it's a court order, we have to actually follow that. Now, there are really some certain specific ways to really assure that we're connecting with our clients and continuing good quality care. And it's really outweighing the conversation with the client of you know, how are you going to respond to a court order? You really should get a release from the client. You should have a discussion with a client what information you can share. What you are not going to share. You should also contact either an attorney or liability insurance to understand a little bit more of the background of what is client therapist confidentiality? So, we can't not respond to those things. We definitely have to respond to a court order. But it's, again, also sorting out the way that you do that. And another thing to think about is, what if you saw a client two years ago. Right? And you call them, and their phone is disconnected. Like, do you send a letter? Do you...like these things you really should think about in order to assure that good quality of care with your clients. And I know I talk about releases, so it's important to talk about releasing information. I know that when I worked in an agency, many years ago, back like 14 years ago, we would have one release as a case manager, and we would put like everybody that we were in contact with on that release. That's a huge no-no. that's actually a breach of confidentiality, right? So, we want to make sure we talk about releasing information and only releasing information in certain cases. How we will release information to insurance companies. That it's a written release, all of those types of things.

Katie: In addition to those, you also want to be clear about the policies and procedures about these different categories that we're talking about and the next one would be medical records. If your client is requesting a copy of their medical record, you want to make sure you are clear on what your process is for that. Do you give the entire medical record? Do you give a treatment summary? Are there any costs associated with copying and providing the medical record? And also, understanding what is an actual part of the medical record? Sometimes clients won't really understand what exactly goes in the medical record and if they send you a bunch of detail about some things that are going on in their life, clinical issues, maybe they email it to you or they text it to you, that that becomes part of the medical record. So, you want to make sure you are very clear. So that your clients know what to expect and everybody is on the same page.

Next would be talking about fees. We have an ethical obligation to disclose our fees and what our policies are in fees regarding cancellations or no-shows. If someone cancels last minute, do you have a 24-hour cancellation policy? Do you have a 48 hour? Do you charge 50% of the session, or do you charge the entire session fee? Of course, if you are a self-pay practice. Now if you take insurance, you have to make sure you are contacting your insurance company, because each provider has a different policy and procedure about whether you can charge or not for any cancelled or missed appointments. IF your clients incur a balance, and maybe they haven't paid you for a few sessions, then what are your collection procedures around that? How much are you charging per session? If you are charging a certain amount maybe for a 50-minute session versus an 80-minute session. or maybe you offer couple's intensives. Or maybe you offer non traditional therapy outside of the therapy room. And there's a little bit of a commute to and from. Do you charge for that commute? How much would you charge for that?

Even if you are showing up in court, making a court appearance for your client, or you are testifying, that you are clear about what your fees are for that. Or even communication outside of the therapy session. if your client calls in, they are in a crisis, and you are on the phone with them for 20 minutes, how much do you charge for that time? Do you charge for that time? How do you break that down? So, it really depends on what your policies and procedures are in terms of your own private practice. Again, we have that ethical obligation to be very clear on what the fees are so that the clients know, from the onset of the therapeutic relationship what to expect.

Allison: So, it's interesting, because I hear a lot of people who have a very, very basic informed consent, that might just include their fee. But it doesn't talk about last minute cancellations. It doesn't talk about no-shows. And then, when they get that last-minute cancellation or no-show, they realize their hands are tied. I mean, you can't charge a client for a no-show if they haven't consented to that. So, I think it's really important, thinking about your practice policies and the things that are going to make your business run in the way that you want it to run. Making sure those are laid out in clear ways. And discussed with clients. Not just put in the informed consent that the client might not actually read. It's not our job to make them read it. But we need to make sure we lay it out for them legally.

Katie: I actually have a quick little story about that. I was seeing a couple, I'm a couple's therapist. And I use the Gottman informed approach. So, I'll meet with a couple together for the initial session, then each individual for one session. and then we move forward as a couple in our work together. And this was many years ago. I saw a couple, they came in, we had a great first session. the male partner had scheduled his individual first. Even though I sent the confirmation for the session, he got tied up with work and time got away from him, and he just completely forgot about the session. called him, got him on the phone, and he was like, oh my gosh. I got tied up in my day at work. And I completely forgot about the session. I'm so sorry. And I had said, this is a reminder, we have the 24-hour cancellation policy. And forgetting about

your session does not constitute an emergency. So, I'm sorry, I'm going to have to hold you financially responsible for the no-show today. Because this time was created just for you. And he got upset about that. And actually, contacted the credit card company that I had charged. I use square up for my merchant services and have the number stored in the square up. So, I was able to charge his card. And he disputed that with the credit card company, and the credit card company reached out, I had to have him sign a release that I could speak with the credit card company, and they asked to see a copy of the consent form. And my cancellation policy. So, once he signed the release, I actually sent them the consent policy and my cancellation policy. And the credit card company actually erred in my favor. Which was so interesting. And we were able to work through this and really work through it in therapy, and luckily it didn't damage the therapeutic relationship and relationship. But this is a perfect example of why you want to make sure you have your cancellation policy and all of those fees really written out very clearly.

Allison: Absolutely.

Kate: One thing I just wanted to mention, I know when we were talking about [unknown 16:07] as a medical record. So, under the HIPAA guidelines, just so everyone is clear is we actually do not have to release our progress notes. Or our psychotherapy notes. We can actually create a letter of summary. So that's just a really important thing that is important for therapists to know.

Allison: Awesome. What else? What else do we need on our consents?

Katie: We definitely want to make sure that we talk about electronic communication. I know Kate was leading to that, is that text and email are a part of the client medical records. So, if you are texting your client, then you have to follow HIPAA guidelines. And make sure, number one, you are using HIPAA compliant platforms. But number two, is that information does need to become part of medical record. So that's really important in talking about how you use electronic communication. Do you text? Do you allow that? I tell people, and most often it's happening anyway. Clients just do it because it's just easier, right? They'll email you or text you. And I say, as long as it's about I have to reschedule, or I forget, are we at 4 or 5 today? Okay, great. Then, I'm okay with that. But ultimately, for me personally, I think you really need to be clear on your policies around that type of communication. Because it's also about boundary setting. Are you spending 30 minutes reading this long email from your client at p.m. when you really want to be reading a story with your kid? So, it's really important to be clear. And again, to us, it's not just about cya. It's really about understanding the guidelines and the structure of your relationship with your client. And that's important. I know that we also talked about appointments, cancellations. And really just talking about how to schedule. Do you use an online scheduler? Are they supposed to call you? Do you just create the appointment then and there? Do you send reminders? Don't you? What is your cancellation policy? So those are just really important things and again, it's about the structure. And know, very much so I often bring up Carl Whitaker when I'm with my interns in supervision. And Carl Whitaker talks about the battle for structure and the battle for initiative. And I love it because I think it really just

kind of sets the idea about our relationship to our client therapy. So, the battle for structure, he says, is something that the therapist has to win and that's really the structure of how this process goes. We're the expert in this process, and we need to determine how does this go. And it really starts off with this conversation about consent. And the guidelines of how we do therapy. How do you contact me? How do you not? What's okay to contact me about? Inside of session? outside of session? Fees. Things like that. Then, the battle for initiative, as we know when we look at client factors is something the client has to win. Right? Their initiative to want to do the work to really get things to be better. To reach their goals. So, I like to look at the consent as that battle for structure. But when we're clear on our end, like you said Allison, and we communicate that not only written, but also verbally, it actually makes the therapeutic relationship a lot easier. I know that Kate and I, because we do talk about the cancellations, not only is it in the consent, but talking about it in that very first session is really important. And is such a relief when clients cancel in less than 24 hours. I know you need to charge me, not a problem. Just let me know when I can see you next. And it's like ahhh, I don't have to have that uncomfortable conversation. Or like say, now I have to hold you financially responsible. And I know for me, that happens less and less and less. Because it's just a really clear conversation from the beginning. And they are aware of it.

Allison: Yeah. I love your perspective of the informed consent being a part of the relationship with the client. That's not how I've typically thought about it. And I love that reframe. Because it does, it sets the frame for it. Most of us want to know what the expectations are of us. In any given situation. And this allows them to know what the expectations are for both of you within that relationship. I love that.

Katie: Absolutely.

Allison: So, let's keep going. Because there's a lot more information to get across. And I know we've only got so much time for the podcast.

Katie: So, the next area would really be the phone contacts and emergency section. You want to be very clear about what are your office hours? What is your availability outside of those office hours? Do you make yourself available in the evening hours or the weekends, depending on, and this might depend on what type of clientele you work with. If you work with a more high-risk population, maybe you are more available. If you work with a lower risk, maybe you're not. It's really just depends on what your personal and professional boundaries are. And if you are not going to be available, who are they to call in the case of an emergency? You want to make sure that you list out all of the resources in your particular area. Like 911 or the suicide hotline. In Briar County in South Florida, we have a lot of other put together resources that we would include in that. And then, also, what to expect if the therapist has an emergency? I'm convinced that writing my dissertation for the PhD process killed my appendix. And I can remember way back in the day when I didn't have an assistant, it was like a Tuesday morning, I'm getting ready for work. And I was in so much pain, it was just ridiculous. I could barely get myself to the hospital. And there was no way I could have called my clients for the day. So, I had

to reach out to a colleague of mine who worked at my group practice and had her call. But at that particular time, I didn't have anything on my consent form, like a clause if I'm unable to contact you or reschedule, if there's a personal emergency, then you give permission for a colleague or the assistant or office manager or VA or whoever to call and notify you and reschedule. So, it's really good to have those clauses written out so that everybody's covered. And knows what to expect. And again, our consent form and our paperwork, has really, over a decade, it has grown and grown and grown. And is really comprehensive because of all the unique situations that arise. The next area would really be to talk about the structure of therapy. This is really where you want to discuss the phases of treatment, what your clients can expect, such as the intake and assessment phase. The goal development, of treatment planning, the interventions and then, discharges or termination. And what they can expect with that process.

Katie: One thing I want to say about the structure of therapy. So, I actually have the pleasure of speaking with another therapist, Emily Clark, who actually took our paperwork and put the consent into simple practice. So, a lot of times we get questions on, well if I buy your paperwork, can I put it into an EHR? So again, EHRs are all different. But what she said, taking and putting it into simple practice, number one, it was really easy with consent and things like that where people have to sign. But what she said she liked was, because we're, and this is what Kate was talking about, was because we are therapists, we have experiences that will enhance the work that we do. And the stuff that we put in our consent over time. Rather than just a lawyer looking at this from a legal perspective. So, the whole thing about, what Kate was just mentioning, well what about therapist emergencies? I'm not sure that an attorney would think of that. We're talking about the structure of therapy. They don't really know that, right? Those are things we can add as a benefit, because we are actually direct line working with our clients. So those are just some of the things we'd like to add to consent, again, like you said, kind of Allison, talking about those expectations, those guidelines. It's just really important for that really good client quality care.

Allison: Awesome.

Katie: Another interesting thing we always talk about is dual relationships. It's important to talk about that. We have people from obviously all over the US listening to this podcast. And we all live in different types of areas. We might live in an urban area, a very rural area. So, it's important to talk about those dual relationships and then our ethics about we say where we can avoid dual relationships, we should. But even those things like we see our clients in public. Right? How are we going to handle that? Kate and I just kind of go with a rule of thumb of just asking them, if and when I see you in public, how would you like me to handle that? If you say hello, make the first move, I'll say hello. It might feel really bad not acknowledging someone whose saying hello to you. But you need to have those conversations with your clients. And again, this is an area that is going to kind of depend on where you live. The population you work with. Kate and I always kind of joke around like maybe you're listening to this podcast and you

live in Alaska. Well, maybe you are the only specialist, therapist in your certain area. And so, maybe people drive 50 miles to see you. And maybe one of your clients is the only specialist in his/her area. So, you might have some type of interaction. But it's important to talk about that and be really clear on how you guys will navigate that stuff.

Allison: And I'm realizing even in larger cities, it still comes up and you can't control who's class your kid is in. and you can't say, oh that teacher was one of my therapy clients. Like there are some ways in which we are kind of put in these dual relationships sometimes. That dual relationships aren't inherently bad. I think that's another thing we have to be cognoscente of. We just have to be extraordinarily careful.

Katie: Absolutely.

Kate: it makes for interesting situations, right? When we teach ethics and boundaries, it's so cool to listen to different stories when we talk about dual relationships.

Allison: Absolutely.

Katie: Lets keep moving on. Thinking of dual relationships, social media is the next category to really talk about in your consent form. And making sure that you're very clear on what your policies are around that. And that we cannot be friends via social media platforms. The LCSW ethical code actually has 68 pages just on technology. And we find that is really incentive and really thorough and that's a good standard to make sure you're adhering to. Because again, we like to adhere to the highest standard. So being very clear if your client will attempt to reach out to you on any of your personal social media platforms, that you will not accept their friendship. That if they choose to follow you on your professional platforms, that they would do so at your own risk. And if they choose to comment on any of your professional posts, that there is nothing you'd do to ever disclose that they were a client of yours or breach that confidentiality in any way. However, if they do post that they do so at their own risk. Dr. Keely Combs, we're actually having her on our podcast, and she's got a wonderful example about a social media policy. I think her policy is about 3-4 pages, just for the social media. It's really extensive. But she does allow clinicians to use that as long as they give her credit for that. I'm sure we can get that link to Allison to put in the show notes as well.

Kate: I think we've talked about fee disputes a little bit. Insurance and no insurance. If you are a self-pay practice and you don't take insurance, you want to be very clear on why you don't take insurance. And the reasons for that. Maybe the risks of using insurance. And if you do take insurance, why you take it. And what are the benefits of using insurance. And then also, what are some of the risks? In our consent form w have a pretty extensive section both for why I take insurance or why I don't take insurance. And I know my clients really appreciate that. When they read that, they'll go, oh wow, I didn't realize using my insurance actually required a mental health diagnosis to go on my record. I'm a pilot. I can't have that. Or, I'm an FBI agent, I can't have that. Or I'm getting ready to go through a custody battle, and that's the last thing I want. And sometimes, they have seen other clinicians in the past and they haven't explained that to

them. So, we just like to make sure that clients are informed consumers. And they know what they are getting into and they know what to expect.

Allison: Yes.

Katie: So that about covers most of the stuff. Most of the areas that we need are just overall just consent. And so really understanding these aspects and assuring that they are in the consent. And you are following along. And you're listening to the podcast and you're kind of checking your consent. That's great. Make sure these things are in there. Again, like Allison said, and Kate said, we just really want to support therapists in the work that they do. But utilizing this, often boring thing, that we just know we have to have. And it's supposed to be legal and ethical and all that stuff. But, really just assuring that it helps our quality of care in the work that we do with clients.

Allison: I love your perspective. I love that this is an area in which you really serve our community. I love you guys anyway, too.

Kate & Katie: Oh, thank you! We love you too.

Allison: So, I do want folks to know, I'm an affiliate of Your Private Practice, your attorney approved, private practice paperwork. Because it's great. Because it's so comprehensive. Your peek package is awesome. It has over 20 forms that people need for their private practice. So, I'm guessing there are some people who are listening who are like, holy cow, I need this because I don't know, I don't know what I'm doing with my paperwork right now. so, we will put a link in the show notes, so you guys can get there. And you guys also have a coupon code for people, which is awesome. Which is SAVE80. So, when you buy it say save 80 so it will save you some money. And they are also...

Katie: It save the number 80. So, put Save 80 and it gives you 80 dollars off.

Allison: Awesome. Yeah. And they are totally customizable, so you're not just putting somebody else's paperwork with their name in it. You can make it your own. Because that would be awkward. And you can alter based on your price and your policies and all those kinds of things. So, wanted to make sure people knew about that.

Now, I know you've mentioned, and we'll have to go through it quickly, but you also mentioned for people who have online practices, that there are some things they need to make sure they have in addition to the stuff we just talked about. Is that something we can kind of bullet point through pretty quickly?

Kate: We can do that, for sure.

You definitely want to make sure that you have your regular consent form. And you can combine the technology assisted counseling consent with that. Or you can keep them separate. Your consent form, the regular consent form, that we just talked about is going to be really comprehensive. And then the tech, that's what we call it for short, technology counseling

consent, is going to include specifically for the online counseling world. And you also want to make sure you're having them sign HIPAA forms and that whatever platform that you are using, that it has a business associate's agreement. So, a BAA. A lot of times....

Katie: And its HIPAA compliant.

Kate: Definitely use a HIPAA compliant platform. I know it's a pet peeve of mine when people say, oh, we'll just do a Skype session. I'm like, no wait a minute. You can't do Skype. No, I didn't mean skype. I meant an online counseling platform. But I just like to say Skype. Skype is definitely not HIPAA compliant. There are a lot of amazing HIPAA compliant platforms out there. You want to make sure you're covering yourself. And so, what would need to be in your TECH consent, the ethical codes talk about the importance of identifying the benefits of technology assisted counseling. For example, its going to expand your client's choice of providers. Maybe they live in Tallahassee Florida, and we're down here in Fort Lauderdale and they need to see a specialist in a certain area and they would have to drive 8 hours from Tallahassee down to Fort Lauderdale to see that person. But if they can do the online counseling, it really helps to meet their needs. Also, down here in South Florida, the driving traffic is crazy down here. So, there's a real convenience of scheduling and not having to deal with driving to and from the office. Or, of a client, to and from wherever you are. So, you can really do that in the comfort of whatever environment you are. That's the cool thing about online counseling. Also, it can reduce your overhead expenses. Because if you do your online counseling from home, you can write off a portion of your office and your home expenses. Which we love write offs. I am sure you guys do, too. And also, it's a really great opportunity for increase access to serve clients who may be homebound. Maybe they are disabled for some reason. Or maybe they are a new mom and they don't have someone help watch their baby. And during that time is the perfect time to be able to have that online counseling session for you. And lastly, really quick, it's a great opportunity for real time monitoring. So, if your client is having a panic attack and they need help in that situation to be able to de-escalate and self-soothe, and calm down, you can actually walk them through it and help them in that real time situation. Now, on the flip side, there's also a lot of limitations. With technology, you are limited in what you can actually see outside of the camera view or outside of the phone call, so it can be harder to see body language and some non verbals. You may have to slow the conversation down a little bit to do more assessing. And really get a clear idea of what their effect is. What their mood is. And sometimes technology doesn't work that great. And there can be little glitches with what you can hear due to poor connections. So, you might have to ask them to speak slower or to repeat things. Or, if you get actually kicked off and you may actually have to deal with the technology disconnect, and you may need to reconnect in that way. Katie, want to jump in?

Katie: Sure. Another important thing would be to talk about logistics. Who is calling who? Who is reaching out to who? What's the URL that they go to? And it's also great, so I love [unknown 32:59] talks about best practices. So best practices for technology assisted counseling is if in the

case you are going to have a face to face session first, that's the best. And if not, and also, I should say, you want to do some type of assessment. So, it would maybe make sense to do your consultation on the platform that you are going to use. This way the client can experience it and make sure they are not having issues. But you really want to be clear on the logistics of all that. And also, have other ways, like Kate said, sometimes there's connection loss. So, if you lose connection, do you use an alternate platform? Do you jump on and you finish the conversation or the session on the phone? So those are all important things. Again, as a guide to be able to lay out, so making sure that you have other ways when technology, sometimes, well, isn't working in our favor.

One really important thing is to put in your consent, your technology assisted counseling consent is no recording. This is important to protect the therapist as well. It might be a good idea, right? Maybe the client wants to look back on her session and reflect. But we really recommend, and our attorneys have recommended no recording of the sessions at all. You also want to talk about payment for services. How you are going to do that. Do you save their information, encrypt it in your merchant services? Do you send them a PayPal? How is that all done? We definitely recommend doing that before the session. because they are not there. If you charge them after your session and their debit card has expired or was declined and you try to call them, they are out of work. It's just kind of a little chaotic situation. So, we recommend those payment for services up in the beginning again. Restating your cancellation policy as well. The other thing, the big thing, and I would kind of star this, highlight this, is that emergencies. So most of you who are doing technology assisted counseling, you might be working with clients in your area or your county. But if you're not. And the client has an emergency. I don't know, connection loss or they express [unknown 34:59] God forbid they have a heart attack or something like that, you cannot dial 9-1-1. Well you can. But it's going to ring in your area. So, it's important to understand the emergency contact, their local police department. Where your client is at the time. So, if you have a client that's traveling a lot, maybe for business you want to know where they are each time. Maybe jot down the address in your notes at that time, in addition to the local police department. But also have another emergency contact. So that's just really important. And something we just really don't consider thinking like, oh we'll dial 911 or have the emergency hotline or things like that. So those are things you need to consider. And of course, again, you want to review all of this, like we talked about before, utilizing the consent as a guideline. And showing they're consenting to participate with technology assisted counseling.

Kate: So, there's the cliff notes version.

Allison: Yeah, but its awesome. Because it gives people a clear idea of what they need maybe looking at their own paperwork what they don't have and either need to include or scratch it and start fresh. So, I really, really appreciate this. You guys are awesome.

Kate: Yes. Of course. We'll send you the links for our consent form and the technology assisted consent form just in case clinicians are wanting to just purchase those individually. And don't

need all the rest of the paperwork, but yeah, we'll send you all those links, so you can embed them in the show notes.

Allison: Wonderful. You are amazing. Thanks so much. Yay.

Katie: Yes. Thank you for having us on.

Allison: Absolutely. So y'all, Kate and Katie, through PrivatePracticeStartup. You need to check them out if you aren't already huge raging fans. So, yay! Thanks for being on guys.

Kate & Katie: Yes. Thanks for having us, Allison.

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