



Arvind Karwan, Ph.D., Licensed Psychologist – 343 W. Drake Rd. Suite 200, Fort Collins, CO 80526
(970) 236-6111 – arvind@insightpsychologicalservices.org

TELEHEALTH AND SMS TEXT COMMUNICATION CONSENT FORM

The purpose of this document is to obtain your consent for the use of SMS text message communications to and from Arvind Karwan, Ph.D., Licensed Psychologist, of Insight Psychological Services, LLC. By signing this form, you consent to the use of text messaging for the general purposes of scheduling and billing-type inquiries. However, please be advised that text messages are generally not an encrypted or secure form of communication, and should not be used to transmit any personal health information, and should not be used in case of emergency. You will also have available to you a more secure messaging system via SonderMind or Headway platforms, which you are free to use instead.

The purpose of this document is also to obtain consent for Telehealth Services with Arvind Karwan, Ph.D., Licensed Psychologist, of Insight Psychological Services, LLC. In order to maintain care under certain circumstances, Dr. Karwan may offer to conduct individual sessions, family sessions, group sessions, and assessments via telehealth service. Telehealth service is the delivery of healthcare services when the provider and client are not in the same physical location/site through the use of various technology. This could include video sessions via telehealth software on a computer or tablet, or phone sessions.

Generally speaking, the risks and benefits of telehealth are similar to those of in-person sessions. There are additional risks, however. First, although we will use HIPAA-compliant secure platforms (e.g., Zoom One Pro) with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information. Second, since you may be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible. Third, in the event of group or family sessions conducted via video, it is possible that your confidentiality could be breached if others in the group are not in a confidential setting.

Your provider, Dr. Arvind Karwan, currently holds an Authority to Practice Interjurisdictional Telepsychology (APIT) certification, granted by the PSYPACT Commission (APIT Number: 14148, date issued: 02/21/2024). PSYPACT is an interstate compact designed to facilitate the practice of telepsychology by licensed psychologists across state boundaries with other PSYPACT participating states. What this means for you is, if you happen to travel to another state and would like to attend your regularly scheduled therapy session, you can inform Dr. Karwan ahead of time to check if the state you are traveling to is currently a PSYPACT participating state, and if so can coordinate with Dr. Karwan to schedule that telehealth session. More information regarding PSYPACT, its requirements, and participating states can be found at www.psypact.org.

Since telehealth sessions may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- You understand that you have undertaken to engage in a telehealth encounter for yourself that will contain personal identifying information as well as Protected Health Information, as well as audio and/or video recordings of sessions.
- You understand that the provider (i.e., Dr. Karwan) will be at a different location from you. You agree to inform Dr. Karwan of your location at the start of each session.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
- You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
- You have been given the opportunity to ask your provider questions relative to your telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, you certify:

- That you have read or had read and/or had this form explained to you,
- That you fully understand its contents including the risks and benefits of telehealth services and text message communication, and
- That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Print Client's Name

Client's Signature

Date