



Telehealth Agreement

Guidelines for Telehealth

- Your location must be physically within the state of South Carolina.
- Your location must be private and quiet. We may discuss difficult and/or triggering topics; being in a space in which you feel comfortable experiencing and expressing a wide range of emotions is necessary for healthy processing!
- A secure, strong WiFi or internet connection is a must, as we will be streaming video. A camera is also required. (Recording, though, is prohibited.)
- We hold a “come as you are” approach to therapy. Wear attire you would feel comfortable wearing to an in-person appointment.
- Let’s minimize distractions: driving, running errands, and/or doing household chores or other activities is not appropriate during therapy time. healing and offers support for all survivors of sexual violence.

What To Expect During a Telehealth Appointment

- We encourage you to perform a technology check prior to your appointment. We use remotEMDR.
- At the beginning of every appointment, we will ask you to briefly describe your physical location.
Examples: “I’m at home,” “I’m in my office at work,” “I’m in the passenger seat of my car in the driveway.”
- At the beginning of every appointment, we will ask you to pan your camera around the room and will do the same with our camera.
 - This helps us ensure privacy, safety, and confidentiality.
 - We naturally give up some control over the environment when we move to a digital space. Signing this agreement indicates you understand the risks/limitations associated with telehealth.

- Once location and confidentiality are established, we can proceed with the check-in and session.
- Distractions happen. However, if distractions are preventing the therapeutic process, we may ask you to reschedule.
- Technological issues also happen. If something occurs that prohibits you from meeting us or continuing in a digital space, it is your responsibility to follow up!
- We reserve the right to reassess the appropriateness of telehealth at any time on a case-by-case basis.
 - If telehealth is not appropriate for you, we may ask you to resume in-person appointments.
 - If you wish to decline in-person appointments, we may assist with referrals to another provider upon request or begin the termination process.

Consent & Acknowledgment

By signing below, you acknowledge that:

- You have read, understood, and agreed to the policies outlined above.
- You voluntarily consent to participate in therapy via telehealth at Pickens County Advocacy Center.
- You understand your rights, responsibilities, and limitations as a client regarding telehealth appointments.

I, _____, have received, read, and understand the above agreement and consent to the treatment of myself / my child at Pickens County Advocacy Center.

Client or Guardian Signature Date

Therapist Signature Date