

Nusha LLC

Nusha Askari, Ph.D.



PSY31985

Informed Consent for Telehealth Service (Page 1 of 3)

The following information is provided to clients who are seeking telehealth services. This document covers your rights, risks and benefits associated with receiving services, my office and services policies, and your authorization. Please read this document carefully and note any questions you would like to discuss.

Client's Rights

- You have the right to decide to end our counseling session at any time without prejudice. If you wish, I can provide you with the names of other qualified therapists.
- You have the right to ask any questions about procedures used during the counseling service. If you wish, I will explain my usual method of counseling practices with you.
- You have the right to refuse the use of any therapeutic techniques, and to learn about alternative methods of treatment. I will discuss these with you during our work together.
- Telehealth services are not appropriate for all clients. Generally, those who are experiencing suicidal ideation or altered mental status are not appropriate. Should telehealth services not be a good fit for you, I can assist in finding alternative options.

Benefits and Risks of Telehealth

- Telehealth refers to counseling services that occur via video conferencing. All of our interactions will fall under this term. When using technology, there is always the risk of security issues, as well as technical issues (computer or software not working, etc.).
- Since telehealth generally only shows faces rather than full body, some nuances of communication via body language can be missed. Likewise, if there is a poor video or sound connection, communication can be difficult or less clear. Much like with texting conversations, it is important to check in and make sure that what you are communicating and what you are hearing is accurate and understood as intended.
- In addition to the identified risk and setback, there are several benefits that come from using technology. For instance, it allows mental health professionals to connect with people who may otherwise not be able to access services, provides an opportunity for more convenience in being able to connect from a space of your choosing. In order to protect your confidentiality and to facilitate the security of your information as much as possible, please read the following list and place your initials denoting your agreement to these terms:
 - _____ Engage in sessions in a private location where you cannot be heard by others
 - _____ Make sure you are in a private space the entire session and will **not** be disturbed
 - _____ Refrain from recording any sessions
 - _____ Password protect any technology you will be interacting with during your session
 - _____ Always log out once sessions are complete
 - _____ Verbally provide me with your present location at the beginning of each session
- Another benefit of telehealth is the proactive intention to prevent the outbreak of and to curb the spread of a global pandemic.

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Emergency Management Plan

Nusha LLC psychological services does not provide emergency services. In the event of an emergency, it is imperative you are aware of resources in your area. As a precaution, please identify two (2) nearby emergency hospitals below. In addition, you will need to provide information for an emergency contact person. These all oo filled out to participate in telehealth services.

Hospital #1 Name:	
Hospital #1 Address:	
Hospital #1 Phone:	

Hospital #2 Name:	
Hospital #2 Address:	
Hospital #2 Phone:	

Emergency Contact Name:	
Emergency Contact Phone:	

Nusha Psychological Services Telehealth Platform: ZOOM

- Please note that ZOOM is in compliance with my licensing board's requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- To begin a session, I will send you an email invitation through my private practice email nusha@nusha.com with a Zoom link prior to our appointment. You can simply click on the link at our appointment time, which will take you directly to the meeting or virtual waiting room.
- Zoom will notify me once you enter the virtual waiting room, then I will click to start the session.
- You will need to have a computer or smartphone and download the latest Zoom app.
- This Zoom platform is compliant with healthcare industry privacy practices.
- I recommend you use Chrome, Firefox, or Safari as your browser.
- Please make sure your volume is up and that your video and microphone and video camera are on (usually this happens automatically).
- Please make sure all unnecessary web-browsers are closed and that no one else in your home is using the wifi for streaming (or at all, if possible) – and ensure privacy.
- There is a chat function on the bottom right of the screen, which we can use to type a message to each other if we can't hear each other.
- If the signal is bad, simply restart your computer and click on the link again and wait for me to join again. If more than 5 minutes have gone by, and you haven't been able to re-connect with me, please feel free to call or text me at 669-210-3757 and we can discuss a plan accordingly.

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Contacting Your Counselor

Email is the main form of contact that will be used outside of the consultation and sessions. Please note that email and text are not secure, so communication should be brief and limited to scheduling questions, providing resources, and supplying any general information.

Payment for Services

- Nusha LLC accepts cash, check or credit card for private-pay, in-person appointments, only check or electronic payment is accepted for telehealth services.
- Check should be made payable to Nusha LLC, PO Box 1783, Cupertino, CA 95015, due upon completion of each session/visit – and no later than 7 days post-session. After that, your account will be considered in default, and you may be referred to a collection agency, unless prior payment arrangements have been made directly with me.
- Electronic payment is accepted on PayPal using the email of nusha@nusha.com.
- Payment shall be made following our session. In the event that a payment is not made within one week after an appointment, the following appointment will not proceed.
- In the event a client is behind payment of one appointment, service will be temporarily suspended till the payment is made in full.
- In the event a client is out of contact for more than 21 days, services will be concluded.
- If you need to cancel or reschedule a telehealth appointment, please provide a 48-hour advanced notification. Cancellations that are not made within 48 hours of the confirmed session time are subject to a penalty fee equivalent to the full session fee as delineated in the Service Agreement Form.
- Nusha LLC provider practices as an out-of-network (OON) provider, therefore this form serves as an agreement that the session fees will be paid in full at the time that services are provided, and each out of network claim will be handled by the policy holder. I do not accept insurance payments, sorry- private pay only.
- Please note that the session fee will be waived or reduced when a technical issue caused by the platform or by Nusha LLC provider significantly disrupts the session.
- Please note that client will be responsible for the full session fee when a technical issue caused by client significantly disrupts the session.

Authorization for Treatment

I, _____ (Please Print Name), authorize evaluation and treatment from Nusha LLC, provider Nusha Askari, PhD, PSY31985. I acknowledge that I may print a copy of this informed consent agreement for my own records. It is agreed that either of us may discontinue services at any time without prejudice.

Signature _____ Date _____

Phone: 669-210-3757

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Cupertino, CA 95015

nusha@nusha.com