

**SOUTHWEST HEALING ARTS, LLC**  
**1080 W. Grand Canyon Dr. Kanab, Utah 84741**  
**Office 435.644.8577 Email through southwesthealingarts.com**

**TELE-HEALTH DISCLOSURE STATEMENT/AGREEMENT**

**TELE-HEALTH SERVICES**

Tele-Health Services provided by SOUTHWEST HEALING ARTS, LLC includes Live or real time, Online Support using Zoom, FaceTime or phone services. The focus of attention may be on work/life balance, personal and/or professional challenges including both self-relational and interpersonal issues.

The decision to use Tele-Health/online therapy services is your decision. By signing this disclosure and agreement, you acknowledge that you understand the risks and the potential challenges regarding privacy protection. The issues of your safety and privacy are paramount. Signing this disclosure means you acknowledge that we have discussed some of the pros and cons of Tele-Health. Tele-Health may not be able to provide the same level of confidentiality as in-person sessions. The therapist can't control who else may be present in your location or may overhear your conversations during sessions and I cannot control possible distractions. On our end we can provide no distractions. Please do your part in securing your privacy protection in this regard.

**PAYMENT & PROCEDURE**

Fees are described in Tele-Health Schedule & Fee Plan.

Please choose the plan that best fits your needs and your schedule, sign and return.

Payment is due prior to scheduled session and can be made through the Zelle app or by check to SOUTHWEST HEALING ARTS, LLC.

**SCHEDULING SESSION TIME**

Therapist provides dates and times for appointments. Future sessions can be scheduled at the close of each session.

**CALL PROCEDURE**

Therapist opens a secure meeting and sends session details or a link to your email address and will call you (or text you if prefer) 10 minutes prior to session time. For group sessions and classes the same procedure is followed. \_\_\_\_\_ (Please check if text prior to email link is preferred).

**CANCELLATIONS**

Please give 48 hours prior notice if you need to cancel or change the time of an appointment, otherwise you will be charged for the session. I will make reasonable efforts to reschedule sessions that have been cancelled in a timely manner.

**TERMINATION AND CLOSURE**

You determine how long you wish to work with therapist. Closure of a therapeutic relationship is important. To support you in this process your therapist wants to work with you to plan for closing. Closing well will help review and consolidate the gains you have made in therapy.

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**CONFIDENTIALITY**

**I am bound by law to protect the confidentiality of the communications with my clients. I will only release information about our work to others with your written permission, or if I am required to do so by a court order. There are several situations in which I am legally obligated to provide information and must report to the appropriate state agency. These include:**

- 1) If I have information that indicates that a child or elderly or disabled person is being abused.**
- 2) If a client is an imminent risk of harm to him or herself, or makes threats of physical violence against another person. In these situations, I am required to take protective actions. If such a situation occurs I will make every effort to discuss this with you prior to taking action.**

**If you are participating in an online group, you agree to maintain the confidentiality of all information communicated to you by other clients. I understand that progress in therapy is often enhanced when clients discuss their therapeutic experiences with trusted friends and colleagues. When you have these discussions you are expected to be very careful and not share any information that would allow others in the group to be identified.**

**If I am seeing you together with your partner or with other family members, confidentiality extends to all those involved in therapy. I will not release to third parties any information without first obtaining signed releases from everyone involved. However I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and discussions.**

**By signing below you understand that Tele-Health Services through SOUTHWEST HEALING ARTS, LLC are not intended for crisis situations and urgent needs. In a crisis situation, you agree to call 911 or local emergency services, or visit the nearest emergency room. If you are unsure if you are in a crisis situation, you agree to contact 24-hour crisis services at 1.800.950.6264 or 1.800.273.8255.**

**In order to avoid dual relationships and conflicts of interest, SOUTHWEST HEALING ARTS, LLC provides clinical services only and will not become involved in legal disputes including divorce proceedings, custody lawsuits, personal injury lawsuits, or dependency hearings.**

**Your signature below indicates that you have read and understand the information in this document and that you agree to its terms.**

**Client \_\_\_\_\_ Date \_\_\_\_\_**

**Client \_\_\_\_\_ Date \_\_\_\_\_**

**Therapist \_\_\_\_\_ Date \_\_\_\_\_**