

**Barbara Keyworth, LCSW  
4601 Lake Boone Trail, Suite 2C  
Raleigh, NC 27607**

**Policy for Audio/Visual (Telehealth) Sessions**

Barbara Keyworth, LCSW can provide psychotherapy via video conferencing using a HIPAA compliant web-based application (This is usually Doxy.me, no software is necessary). While no communication via the internet is 100% secure, HIPAA compliant video conferencing tools provide a higher likelihood of privacy. During Coronavirus stay in place, if internet and video are not available or are inadequate, telephone services can be used in place of Doxy.me. If Doxy.me platform is unavailable, another HIPAA compliant platform may be used (WebEx, Zoom for Mental Health)

Barbara Keyworth is licensed to provide services to clients residing in North Carolina. If I am in another state at the time of the Telehealth session, I will inform Barbara Keyworth in case she needs to request an exception from her Social Work licensing board.

I, the client, agree to be responsible for internet service and a device that will have access to the Doxy.me website in order to participate in Telehealth. There is a possibility that a session will be interrupted by internet disruptions on either end. Barbara Keyworth will make every effort to resume sessions in these cases.

I (client) agree to be responsible for creating a safe and confidential environment during the sessions. This includes making every effort to use a space that is private and free of disruptions. Barbara Keyworth will also use a confidential and private space.

The laws that protect the confidentiality of your information also apply to Telehealth sessions. Please see my Notice of Policies and Procedures to Protect the Privacy of Your Health Information (available on my website under HIPAA Privacy Statement).

Barbara Keyworth, LCSW will file insurance claims for these services, and some insurance carriers indicate that they will cover these services. I accept the responsibility to verify that my insurance policy will reimburse for these services. If insurance is being billed, I authorize Barbara Keyworth, LCSW to provide information to my insurance carrier that would be necessary for obtaining payment or to the extent that my insurance carrier requires it for their business operations.

I am signing below to voluntarily agree to treatment via Telehealth. I may terminate this agreement at any time, except to the extent of those services that have already been provided. I understand that Barbara Keyworth, LCSW may need to terminate this agreement if she feels that Telehealth services would not be appropriate or beneficial for me.

_____	_____
<b>Name of client</b>	<b>Date</b>
_____	_____
<b>Signature of client or guardian if client is a minor</b>	<b>Date</b>