

### **Telemental Health Services-Informed Consent**

Telemental health is defined as the delivery of mental health services via electronic communications. In it, I will not be in the same physical location as you are. Instead, our therapeutic discussions will be held via internet-based interactive communications technology. I am using the platform, Doxy.me (<a href="www.doxy.me/annedencounseling">www.doxy.me/annedencounseling</a>) for this technology. Doxy.me maintains the network and security software protocols necessary to protect your confidentiality. It has certified that it complies with regulations contained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The laws and professional standards that apply to in-person behavioral services also apply to telemental health services. This document does not replace other agreements, contracts or documentation of informed consent. It is supplement to the current version of my Consent to Treatment form in my new patient registration packet.

# **Technology Requirements**

For our sessions, you must have a high-speed internet connection. You will need either a smart phone, tablet, or computer that has a camera, speakers, and microphone. The camera must be positioned in a place where we can see each other. It will not be ideal to hold the camera, phone or screen as it must be stable at all times. Please make sure you are in a well-lit environment for our sessions.

### **Confidentiality**

The same rules and expectations concerning confidentiality (see Consent to Treatment form) exist for telemental health as they do for in-person visits. However, in the case of telemental health, you are responsible for conducting the session in a secure, quiet space where your confidentiality will be maintained. I will expect that you inform me of any observers to our session, and I will do the same. You must use your own device to communicate and not equipment owned by another as this would compromise your rights to privacy.

#### **Risks and Benefits**

Telemental health also has unique risks and benefits. Benefits include maintaining the health and safety of patients and providers due to active public health issues. There is also the benefit of easier access, especially for individuals who live far from the office or do not have reliable transportation. It is also beneficial for people whose physical, emotional or cognitive conditions make it difficult for them to leave their home for appointments.



The technology does, however, have some limitations and therefore some additional risks. In particular, you may have difficulty maintaining privacy and there could be interruptions to your session if there are other people in the area. There may also be problems with failures in technology, such as slow connections or equipment failures on either end leading to interrupted internet access. Additionally, if you experience a medical or emotional crisis during a telemental health session, I will be unable to render immediate assistance. Finally, it is possible that security protocols could fail, leading to a breach of privacy.

#### **In-Person Treatment**

In most cases, we can handle emotional issues that come up through this technology. However, in a crisis, you may feel the need for in-person services. If you request in-person services, and I am able to see in an office setting, I will do my best to schedule you as soon as possible. However, there may be valid reasons that prevent me from seeing you in person. In an emergency, please consult the Telemental Health Emergency Plan for appropriate options.

### **Declining or Modifying Services**

As in the case of regular in-office therapy, you may decline telemental health services at any time without prejudice. We will regularly assess the appropriateness of continuing to deliver telemental health services and may modify treatment as necessary.

#### **Disruption of Services**

In the event that a failure of technology or other event disrupts telemental health services, I will call you on the telephone to discuss what we will do in response to the failure. Options include, but are not limited to: (a) stopping the session; (b) transferring to in-person treatment if an office setting is an option at that time; or (c) discontinuing treatment and arranging for a referral to another provider.

#### Consent

Your participation in telemental health services indicates that you accept the permissions, risks, and responsibilities outlined above and freely agree to telemental health services.

Please sign and date below.

Signature:	Date Signed:



# **Telemental Health Emergency Plan**

Keep a copy of this document available while you are receiving telemental health services and return a copy of this document to Eden Counseling, LLC for this to be included in your clinical record.

All information on this page must be filled in.

Contact Information:		
Your emergency contact:		
Name:	Phone:	
The name, address and phone nu	mber of hospitals nearest you w	ith an emergency room:

# Plan:

If your problem is urgent, but not an emergency, call Ann Schueller at (248) 602-0322. The goal is to return your call within 2 hours, although occasionally unpredictable events may occur interfere.

*In an emergency* select any of the following options, as appropriate:

Call 911 and request either police or ambulance services.

Call the National Suicide Prevention Lifeline: 1-800-TALK or 1-800-273-8255 1-800-SUICIDE or 1800-784-2433

Go directly to the emergency room of the hospital listed above.



I agree to the above emergency plan and will follow through on it in case of an emergency. If, for some reason, I cannot follow through on it, my emergency contact will assist me. I understand, that, in case of an emergency, Eden Counseling, LLC may contact any of the entities listed on this page.

Signature:
Printed Name:
Date of Birth:
Date Signed: