INFORMATION, AUTHORIZATION, &

CONSENT TO TELEMENTAL HEALTH

Thank you for choosing our services. This document is to inform you about what you can expect from us regarding confidentiality, emergencies, and other details regarding your TeleMental Health treatment.

TeleMental Health is:

the mode of delivering services by technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system, or other electronic means using appropriate encryption technology for electronic health information.

TeleMental Health services require extra security; therefore, our therapists have completed specialized training, and we have developed policies and procedures to ensure your information remains confidential.

The Different Forms of TeleMental Health Media Explained

Below are summaries of the various ways that TeleMental Health services may be provided. It is important to note that telephone conversations (other than just setting up appointments), texts, email review (and review of the links you send by email), and responses **will be billed at your therapist’s hourly rate.** Regardless of the method of communication, we strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

**Video Conferencing (VC):**

Video Conferencing is our preferred option for TeleMental Health services. Your therapist will conduct sessions with you over the internet where you may speak to one another and see one another on a screen. We utilize Doxy.me. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Doxy.me is willing to attest to HIPAA compliance and assumes responsibility for keeping your VC interaction secure and confidential. If you and your therapist choose to utilize this technology, your therapist will give you directions regarding how to log-in securely. We ask that you sign on to the platform **at least five minutes prior to your session time** to ensure you and your therapist get started promptly. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment.

**Telephone:**

Telephones, either cell phone or landline, may not be completely secure and confidential. We may use your provided telephone numbers to contact you, typically only for purposes of setting up an appointment if needed. However, there is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals with access to your telephone or telephone bill may be able to determine who you have talked to, who initiated that call, how long the conversation lasted, and where each party was located when that call occurred.

**Text Messaging:**

Text messaging is not a secure means of communication and could compromise your confidentiality. However, we realize that many people prefer to text because it is a quick way to convey information. **Nonetheless, please know that it is our practice to utilize this means of communication strictly for appointment confirmations.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that as part of your clinical record we are required to keep a copy or summary of all texts that address anything related to therapy.

**Email:**

If you request to utilize emailing as part of your treatment, please confirm with your therapist that they are using a form of encryption as a secure means of communication and to prevent compromising your confidentiality.

If you are in a crisis, do not tell us via email because we may not see it in a timely matter. Instead, please see below under "Emergency Procedures." You also need to know that we are required to keep a copy or summary of all email as part of your clinical recordthat address anything related to therapy.

**Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:**

It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our therapists’ **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of your relationship. **However**, Borst Counseling Services has a **professional** Facebook page and **professional** Twitter account. You are welcome to "follow" us on any of these **professional** pages.

However, please do so only if you are comfortable with the general public being aware of the fact that your name is connected with Borst Counseling Services. Do not make contact with us using social media messaging such as Facebook Messenger or Twitter. These methods are insecure, and we do not watch them closely. We would not want to miss an important message from you.

**Recommendations to Websites or Applications (Apps):**

During the course of treatment, your therapist may recommend that you visit certain websites or apps for information or self-help.  Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications.  They may utilize your information to attempt to sell you other products.  Additionally, anyone who has access to the device you used to visit these sites and/or apps may be able to see that you have been to these sites by viewing the history on your device.  It is up to you if you would like these recommendations, so please let your therapist know by checking/not checking the box at the end of this document.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, or strangers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

Communication Response Time

Please note that our office abides by the local time zone. Our practice is an outpatient facility with standard business hours, and we are not available at all times. If this ever does not feel like enough support, please inform your therapist, and they can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls and email within one business day. We do not return any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for communication back from your therapist, but do one or more of the following:

* **Call** Police or EMS in your area
* **Call local hospital**
* Call 911.
* Go to the emergency room of your choice.

Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

* You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
* We require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. This person must be willing and able to go to your location in the event of an emergency and take you to a hospital if needed. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* You agree to inform your therapist of your location and address at the beginning of every TeleMental Health session.
* We require you to provide the name of the nearest mental health hospital to the location where you will typically be during a TeleMental Health session, where you prefer to go in the event of a mental health emergency.

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Technology Failure

During a TeleMental Health session, you and your therapist could encounter a technological failure. The most reliable backup plan is the telephone. Please make sure you have a phone with you, and your therapist has that phone number.

* If you and your therapist get disconnected from a video conferencing, end and restart the session using the same session link. If you are unable to reconnect within ten minutes, please call your therapist.
* If you and your therapist are on a phone session and you get disconnected, please call your therapist back or contact her or him to schedule another session. If the issue is due to *your therapist's* phone service, and the two of you are not able to reconnect, they will not charge you for that session.

Structure and Cost of Sessions

The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions described in our general "Policies and Procedures" form.At the present time, many insurance companies do not cover TeleMental Health services. Unless otherwise negotiated, it is your responsibility to find out your insurance company’s policies and to file for insurance reimbursement for TeleMental Health services. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. We are willing to attempt to bill your insurance for sessions but require a positive balance on your account to cover the session in the event the claim is denied.

You are responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.

Limitations of TeleMental Health Therapy Services

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person.  It is an alternative or additional form of therapy, and there are limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking your therapist might not see a tear in your eye. Or, if audio quality is lacking, they might not hear the crack in your voice that they could have easily picked up if you were in our office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your therapist know if something they have done or said upset you or if you have concerns. We invite you to keep open communication with your therapist to reduce any possible harm.

Face-to-Face Requirement

If you and your therapist agree that TeleMental Health services are the **primary** way that you will conduct sessions, **we expect a minimum of one face-to-face meeting at the onset of treatment, preferably in our office.**If that will not be possible, we will utilize video conferencing as described above. During this initial session, your therapist will require you to show a valid picture ID and another form of identity verification such as a credit card in your name. **At this time, you will also choose a password, phrase, or number which you will use to identify yourself in all future sessions and correspondence with your therapist. This procedure prevents another person from posing as you.**

**Consent to TeleMental Health Services**

Your therapist may provide video conferencing if your treatment needs determine that TeleMental Health services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, TeleMental Health, or both. You and your therapist will discuss what is best for you.

Please check the TeleMental Health services you are authorizing your therapist to utilize for your treatment or administrative purposes. You and your therapist will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying us in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

* Texting
* Email
* Video Conferencing
* Recommendations to Websites or Apps

Technology is constantly changing, and there are implications to all of the above that may not be realized at this time. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other ways of communication and treatment.

I understand that TeleMental Health is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider. I consent to Borst Counseling Services providing services to me via TeleMental Health.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to TeleMental Health. I understand that I will be responsible for any copayments or coinsurances that apply to my TeleMental health visits.

I understand that I have the right to withhold or withdraw my consent to the use of TeleMental Health during my care at any time, without affecting my right to future care or treatment. I understand that I may orally revoke my consent via telephone at any time by contacting Borst Counseling Services at 515-240-9474. I understand that I may also revoke my consent in writing via regular mail or, if I have chosen to utilize email, via email communication. While this consent is still in place (i.e., it has not been revoked), Borst Counseling Services may provide health care services to me via TeleMental Health in addition to in-person treatment.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing us to utilize the TeleMental Health methods discussed.

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 **Client Name (Please Print) Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Client Signature**

**If Applicable:**

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 **Parent’s or Legal Guardian’s Name (Please Print) Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Parent’s or Legal Guardian’s Signature**

Your therapist's signature below indicates that they have discussed this form with you and answered any questions you have regarding this information.

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 **Therapist’s Signature**