



## **Informed Consent for Telemental Health Treatment**

This document should be accompanied by a completed and signed Adult and/or Child/Youth client intake if one is not already on file.

### **Introduction:**

Telemental health is a way of delivering care and specifically involves the use of secure electronic communications through the internet to enable a counselor to provide services to an individual, couple, family, or group. Telemental health may be used for services such as counseling sessions, follow-up sessions, and training/education sessions. Telemental health does not include counseling sessions conducted over the telephone, text, email, or any other communication system. In some cases, telemental health may not be recommended. Telemental health creates a different experience compared to in-person counseling sessions. Your counselor and/or your referring physician will determine the suitability of your participation in telemental health based upon your accessibility to treatment, the purposes of your treatment, and the adequacy of your computer and internet resources.

### **Risks and Benefits of Telemental Health (TMH) :**

There are important benefits as well as some limitations compared with seeing a counselor in-person. These limitations can be addressed with your counselor and are fairly minor depending on how well the sound and video is working during the communication.

#### *Expected Benefits:*

When conducted through a secure and encrypted system, TMH can:

1. significantly improve access to mental health care that otherwise may be inconvenient due to travel distance, transportation limitations, mobility impairment, or stigma;
2. provide better access to counseling professionals with expertise that may otherwise be inaccessible;
3. continuation of care if the client becomes homebound or unable to attend in-person sessions for any other reason(s),

*Possible Limitations and Risks:*

Crossroads has taken measures to prevent any security breaches of privacy. However, we cannot guarantee that in rare instances this will not occur.

The possible risks associated with the use of TMH include, but may not be limited to:

1. Delays or interruption in treatment could occur due to deficiencies or failures of the equipment used by the counselor and/or the client. Examples include but not limited to: poor service, wifi router issues, power outages and background noises.
2. In very rare instances security protocols could fail causing a breach of privacy of personal information; however, security measures have been taken to prevent such a breach of privacy.
3. Interactions in-person (in office setting) in which we are able to look at all aspects of the individual such as non-verbal communication including visual and audio cues may be less visible in TMH sessions.

**Additional Points for Client Understanding (please initial after each one):**

1. I understand that TMH services are completely voluntary and that I may choose not to participate at any time. \_\_\_\_\_
2. I understand that **NO** sessions will be recorded or photographed by either me or my counselor.  
\_\_\_\_\_
3. I understand that the same laws that protect the privacy and confidentiality of client information in in-person sessions also apply to TMH sessions. This also means that no information obtained in the use of TMH which identifies me will be disclosed to others including physicians, nurses, etc, without my consent. \_\_\_\_\_
4. I understand that my counselor or I can discontinue the TMH session if either of us believe that the TMH connections are not adequate for the situation. \_\_\_\_\_
5. I understand that I should select a private room or space to participate in the TMH session, and that I must use a personal device to connect to the session. \_\_\_\_\_
6. I understand that I will need to provide my counselor specific information about my geographic location during each TMH session for purposes of establishing residency and determining emergency procedures for my care if needed. \_\_\_\_\_

7. I understand that if there is an emergency during a TMH session, then my counselor will call emergency services and my emergency contacts. \_\_\_\_\_

8. I understand that at any time throughout my counseling experience, I may ask questions or provide feedback to my counselor about my experience of receiving TMH counseling. \_\_\_\_\_

9. I understand that if the TMH connection drops while I am in a session that I will have a phone line available to contact my counselor. \_\_\_\_\_

10. I understand that I will be asked to create a safety plan with my counselor in case of an emergency. \_\_\_\_\_

11. I will provide my counselor with an emergency code word if I feel threatened, am in danger or someone enters and there is no longer privacy. \_\_\_\_\_

12. I understand that the fees charged for TMH sessions are the same as what is charged for in-person counseling. \_\_\_\_\_

13. I understand that if I have health insurance or an employee assistance program to be used to pay for my counseling services, the terms and conditions of my policy determines whether or not TMH will be authorized and covered. \_\_\_\_\_

14. I understand that I am responsible for any fees charged for TMH that are not covered by a third party such as an insurance company or employee assistance program. \_\_\_\_\_

I understand the information provided above regarding TMH. I have discussed the consent with my counselor and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of TMH in my care. I understand that if I sign via electronic signature, my consent is still considered valid.

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian (in case Client is a minor)

\_\_\_\_\_

Date

**Telemental Health Client Information (must be completed in entirety)**

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

Name: (for couples or family session) \_\_\_\_\_

\_\_\_\_\_  
Address (Location where you will receive TMH services):

\_\_\_\_\_  
Computer Equipment to be used:

What kind of Internet Connection do you have?

Emergency Contact Information: Need name(s), addresses, work or cell phone numbers:

Safety Plan Information: includes local police and fire numbers, address of safe place to go:

Emergency Code Word: \_\_\_\_\_