



TELEMENTAL HEALTH INFORMED CONSENT

"Telemental health" (TMH) is a method for providing offsite psychological services. You and **The Psychology Center (TPC)** can use the following telecommunication technologies to engage in TMH services – landline telephone, smart phone, tablet and/or interactive videoconferencing such as Zoom in certain situations.

TMH is an extension of in person appointments that may be used in agreed upon situations when an established **TPC** Client is unable to attend in-person appointments but wants to maintain clinical services during times when he/she/their is not physically able to come in to the office. TMH will only be used when the Client is determined to be stable and able to benefit from remote appointments. TMH sessions will not be recorded by the Client or **TPC**.

TPC will make every effort to use the most secure communication available and will conduct all sessions in a private setting where confidentiality is maintained in the same way as if the session was taking place in person in the office. **TPC** requests that the Client makes the same effort in order to protect his/her personal privacy and confidentiality.

Landline telephone communication is the most secure and preferred method for TMH, however, it is recognized that many people no longer use landlines. Despite both of our best efforts, it is important to be aware that TMH services have different types of potential risks to be aware of:

- Mobile devices (cell phones, tablets) do not have guaranteed secure technology, therefore, it is possible that the transmission could potentially be breached and accessed by unauthorized persons;
- Other people nearby may overhear your side of the conversation;
- Other people may walk in on your side of the conversation;
- Potential problems can occur with electronic transmissions, such as, distortions, delays, interruptions, interceptions and/or malfunctions;
- Due to the nature of the communication, there may be differences in the quality of the session compared to in-person sessions;
- Insurance may not cover TMH services which means you would be responsible for paying for these services out-of-pocket;
- **TPC** desktop and laptop computers used in TMH incorporate network and software security protocols like encryption to protect the confidentiality of Client information and audio and visual data. **TPC has taken steps to use a HIPAA compliant vendor (Zoom) to remain compliant with the HIPAA federal privacy law. However, we cannot absolutely guarantee that some of the devices utilized by TPC clients in TMH will be completely secure when not utilizing Zoom to provide TMH services.**
- In the case of a crisis or regression in psychological condition, referrals to other providers may need to be made and TMH services may need to be discontinued.

The above is not intended to be an inclusive list and, because TMH is a new method of service delivery, it is possible that there are risks that remain unknown.

I, _____, have chosen to use TMH services
(Print Name)

through **TPC** due to the Coronavirus outbreak in order to be able to receive the psychological services both my provider and myself have deemed necessary until I am able to resume meeting with my provider on a face to face basis.

In case of an Emergency

My telephone number is: _____

My local emergency contact is: _____

Telephone Number: _____ Relationship: _____

CONSENT TO THE USE OF TELEMENTAL HEALTH SERVICES

I have read, understand, agree, and can comply with the above information regarding the use and risks of TMH services. Any questions I had were answered to my satisfaction. **I understand that my signature reflects that TPC has taken reasonable precautions to safeguard my HIPAA privacy rights. However, TPC cannot completely guarantee the devices utilized by TPC clients are HIPAA compliant when not utilizing the Zoom software.** I have the right to withdraw my consent for the use of TMH services at any time and, if that should occur, TPC will work with me to find an alternative form of treatment. I understand that based on professional judgment and discretion, TPC may discontinue TMH services and provide referrals in order to protect my privacy and/or safety.

Print Client Name

Date of Birth

Client Signature

Date

For Clients under age 18:

Signature of Person Authorized to Sign*

Relationship to Client

Witness Signature

Date

*Person authorized by the client means the parent, guardian, legal guardian of a minor client, or a client adjudged incompetent; the spouse or personal representative of a deceased client; or a person authorized in writing by the client which is witnessed and dated.