

**Adulteen Counseling, LLC**  
**INFORMED CONSENT FOR TELEMENTAL HEALTH SERVICES**

The following information is provided to clients who are seeking TeleMental Health (TMH) services. This document covers your rights, risks and benefits associated with receiving services, policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign once you are in agreement.

In-person therapy sessions are the primary and preferred mode of treatment at Adulteen Counseling. However, for reasons such as inclement weather, illness, childcare difficulties, scheduling limitations, or public health concerns, etc., we are pleased to offer the option of TMH services to those whose treatment needs are consistent with the appropriateness of this type of service delivery.

**TeleMental Health Defined**

TMH refers to the remote delivery of mental health care services via technology assisted media. This includes a wide array of clinical services and various forms of technology which may include but are not limited to: an internet connection (either hardwired or via wi-fi), a telephone, a computer/tablet, and email.

**Limitations of TeleMental Health Therapy Services**

While TMH offers several advantages such as convenience and flexibility, it is an alternative and innovative form of therapy without a substantive body of research to validate its effectiveness compared to in-person therapy delivery.

In addition, there are several potential disadvantages and limitations with TMH which should be understood in advance. For example, there may be a disruption to the service (a phone gets cut off or the video connection drops) which may interrupt the normal flow of therapist and client interaction. Primarily, there is risk of misunderstanding one another if communication lacks visual and/or auditory cues. For example, if video quality is lacking for some reason, your therapist may not see various details such as facial expressions; or if audio quality is lacking, your therapist may not hear differences in your tone of voice that could have been more easily discerned if the session were in-person. In-person therapy in an office setting decreases the likelihood of interruptions, yet there are ways to minimize interruptions to your TMH session and maximize privacy and effectiveness.

Your therapist will take the following precautions to ensure a technologically secure and private session: initiating TMH sessions from a private location, utilization of a HIPAA-compliant and encrypted video service and accessing the internet through a private and password-protected internet/wifi network.

You, as the client, are responsible for the following: finding a private and quiet location where you can participate in the TMH session without interruption, accessing the internet through a private and password-protected internet/wifi network, and maintaining the privacy and confidentiality of the email account at which you will be receiving links for video sessions.

**In Case of Technology Failure**

Technological failures are a possibility during TMH sessions. Difficulties with therapist or client hardware, software, and/or services supplied by a third party may result in service disruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. In the event of such disruption, please attempt to re-establish connection via the session link provided to you for the specific appointment. If unsuccessful, please call your therapist at the number they have provided you for contact. If the session is not able to be successfully reconnected, your therapist may reschedule the remaining portion of the interrupted appointment for a later time/date.

**Structure and Cost of Sessions**

The structure and cost of TMH sessions are the same as in-person sessions, as communicated by your

therapist. All clients utilizing TMH services will be required to have a Credit Card Authorization Form on file to allow for payment at time of service for any private pay fees, insurance copays or coinsurance, or balances due.

Several insurance companies with which we are contracted cover 'telehealth' or 'telemedicine' psychotherapy sessions, but not all of them. *Please note that it is ultimately your responsibility to know the details and benefits of your specific plan and that by signing this document, you agree to pay for any portion of your bill not covered by insurance.*

### **Audio & Video Recordings**

By signing this consent form, you agree and acknowledge that neither you as the client, nor any staff or practitioner of Adulteen Counseling will record any part of your sessions unless there is an agreement made in writing, prior to your session.

### **Cancellation Policy**

Similar to in-person sessions, cancellations made less than 24 hours prior to the scheduled session may be charged a \$55 cancellation fee.

### **Contacting Your Therapist**

If you need to reach your therapist between scheduled appointments, please call the number they provided to you for the purpose of communication. Because most email accounts and mobile numbers are not inherently secure and communication could be intercepted by other parties, it is the policy of Adulteen Counseling **not** to engage in email or text communication with clients. By providing your email below and signing this document, you hereby grant permission for Adulteen Counseling to send you various notices, including but not limited to: an initial invitation to their TMH platform, subsequent emails with links to scheduled appointments, as well as appointment reminders. Please be aware that these emails will come from an Adulteen Counseling email account which could identify you as a client of counseling services.

### **In Case of Emergency/Crisis**

Adulteen Counseling does not provide emergency services. In the event that you find yourself in a life-threatening situation, please call **911** immediately to gain emergency assistance. By providing an emergency contact name and number below, you give Adulteen Counseling therapists and/or staff permission to make contact in case of emergency and/or concerns for your immediate wellbeing.

### **Consent to Treatment Using TeleMental Health Services**

*I understand that my therapist will determine on an on-going basis whether the condition being assessed and/or treated is appropriate for online therapy.*

*I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.*

*By signing below, I voluntarily agree to receive TeleMental Health services through Adulteen Counseling, LLC. I have been offered the time and opportunity to ask questions and seek clarification of anything unclear to me, and I understand and agree to my own obligations. This consent may be withdrawn at any time by sending a written and signed notice to my therapist.*

Client name: \_\_\_\_\_

Client or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_