

Epiphanye Counseling Services

TeleMental Health Informed Consent Form

Telemental health services in this case will involve the use of telephone and video conferencing to provide counseling services. Telephone based refers to counseling services received only through audio means. Video based refers to counseling services received via video and audio means.

This agreement contains important information about my professional services offered through telephone and/or video conferencing counseling services. This document solely outlines policies and procedure for telemental health services. Please refer to the general informed consent for full service outline. Please note that the terms outlined in the general informed consent are applicable in addition to this agreement and by signing this agreement, you are acknowledging that you accept the terms of both consent forms.

When you sign this document, it will represent an agreement between us. We can discuss any questions you have about these policies and procedures when you sign them or at any time in the future. Please read the entire document, sign and initial in the appropriate places.

POLICIES AND PROCEDURES

Program Use

ECS uses VSee telemedicine program to provide video conferencing counseling services. VSee is a telehealth software program that provides HIPPA-compliant video. The program is free and can be downloaded at Vsee.com. Instructions are available for Windows, Macs and mobile phones. VSee abides by the Health Insurance Portability and Accountability Act of 1996 and the Privacy Rule and is mandated to their standards and regulations.

Telemental Health Counseling Sessions

The goal of telemental health counseling is to make services more accessible and available to clients. These services have been proven to be effective with a variety of mental health concerns such as anxiety and depression. Research has also shown that children can benefit from receiving telemental health services including when utilizing play therapy.

Telemental health counseling services are under the same policies and procedures as outlined in the Informed Consent for services. However, the procedures to receiving and paying for services differ.

Clients who are interested in telemental health services should follow the procedures below:

- 1) Visit www.epiphcounselingservices.com under the Video-telephone services tab for all necessary documents to begin services (new clients). Current clients can find the telemental health consent form directly under the Appointment Scheduling tab.
- 2) Download the VSee program compatible for your computer (instructions will be provided).
- 3) Schedule an appointment.
- 4) Pay for services prior to scheduled appointment time available through <https://www.paypal.com/us/webapps/mpp/send-money-online> or by completing and submitting the Recurring Payment Authorization form.

Please initial after reading this page: _____

Payment

Payment is due before the session and can be made via PayPal or via credit or debit card (please see Informed Consent for further details). Clients who are interested in using credit or debit card MUST sign a Recurring Authorization Payment form.

ECS has a duty to uphold your confidentiality, and thus I wish to make sure that your use of the above payment services is done as securely and privately as possible. Please review the Informed Consent for further details regarding privacy protocols and payment policies.

Benefits and Risks

There are risk and benefits to counseling as outlined in the ECS Informed Consent. However, the risks, limitations and benefits to telemental health counseling are unique compared to face-face counseling.

Telemental health services allow clients to have more access to services and offers more flexibility. Services can also benefit clients who are not available to attend a session on-site, those who are physically disabled and those clients who experience extreme social anxiety or agoraphobia which hinders one's ability to receive face-face counseling.

Due to services not being face-face, there are limitations and risks to confidentiality. Whereas face-face privacy can be a more manageable ex: less chances of people listening to the session, telemental health services entails more uncontrollable factors. Other factors include, but may not be limited to:

- Security protocols failing, causing a breach of privacy of personal medical information; Communication can be hacked.
- Delay or shortening of the session could occur due to deficiencies or failures of the equipment; ex: video can be cut off or interrupted or phone call could be disconnected.

Confidentiality

Confidentiality and technology is outlined in detail in the ECS Informed Consent. Although there are risks and limits in confidentiality and privacy, I will take precautions to safeguard your information. As your therapist, I will take the following precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur.

- 1) Use HIPPA compliant video software.
- 2) Only conduct sessions when alone.
- 3) Utilize a white noise machine to limit anyone from possibly overhearing the session.

As a reminder, there is always the possibility that unauthorized persons may attempt to discover your personal information. There are steps or protocols that clients can take to increase the safety and privacy, this includes, but are not limited to:

- Scheduling appointments at times when you are alone.
- Limiting video or phone conferencing to private locations and avoiding use in public locations including using work/business computers and phones.
- Restricting/preventing people in your home or other environments from accessing your phone, computer, or other devices that you use to participate in video or telephone counseling sessions.

Please be advised to take precautions regarding authorized and unauthorized access to any technology used in counseling sessions. Please be cautious of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions.

Please initial after reading this page: _____

State Law Regulations

There are state laws and regulations when providing telemental health services to clients across jurisdictions and international lines that therapists must comply. As a result, at this time, I will only be providing services to clients that are residing and/or receiving services in Michigan at the time of services. Clients who are interested in receiving services outside local state lines, the laws and regulations that specifically address the delivery of counseling services via telecommunication technologies can be addressed prior to leaving the state.

Technical issues and Emergencies

With the use of technology unexpected issues can arise. To help mitigate potential issues, it is advised that clients download and test the equipment prior to the scheduled appointment and to login into VSee at least 5-10 minutes prior to scheduled appointment to prevent delay (it is encouraged for clients to time how long it will take to log in and set up and provide that amount of time to log in prior to the appointment time). ECS will also take the above protocols to prevent delay of services. There are circumstances of which ECS will not be able to control, such as inclement weather, client's poor internet connect, client's low battery/battery dying, or any other conditions outside therapist's control that may interfere with services.

Although these conditions are understandable, full payment is still required if conditions are on behalf of the client. Should an interruption of services occur during the session, reimbursement will not be provided. However, if there is a delay on the therapist's behalf interfering with the start of services by the time of the scheduled appointment, payment can be pro-rated \$1 off the session each minute delayed at ECS discretion or client can choose to reschedule the appointment. The same may apply for an interruption of service on behalf of the therapist during the session.

If you are ever experiencing an emergency, including a mental health crisis, please call your family physician or the nearest emergency room. You may also contact the nearest crisis center; Oakland County Crisis Center at 248-456-0909; Macomb County Crisis Center at 586-307-9100.

If you need to contact me about an emergency, the best method is:

- By phone (248) 797-1188
- If you cannot reach me by phone, please leave a voicemail.

Please do not attempt to contact me via video conferencing. I will only be available by video at your scheduled appointment time **only**. For more information on contacting me, please refer to the Communication Policy available online and in the initial intake packet.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of my medical information also apply to telemental health services.
2. I understand that I have the right to withhold or withdraw my consent to the use of

telemental health services in the course of my care at any time, without affecting my right to future care or treatment.

3. I understand that telemental health services may involve electronic communication of my personal medical information as outlined in HIPPA privacy practices.

4. I have read and understand the information provided above regarding telemental health services, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemental health services in my counseling treatment.

I hereby authorize Tiffanye Teagarden-Brown to use telemental health in the course of my diagnosis and treatment. I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

I have been offered a copy of this consent form (client's initials) _____

(Signature of client)

Date

(Signature of Parent/Guardian, if minor)

Date