

CONSENT TO PARTICIPATE IN
TELEMENTAL HEALTH THERAPY SESSIONS

Definition of Telehealth

I hereby consent to engage in telemental health services (internet based therapy) with _____(clinician). I understand that telemental health includes the practice of health care delivery, including diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communication.

I understand that I will need to create an account on _____ to use this platform. I also need to have a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. The secure, HIPAA compliant application is to be used from a computer, smart phone or tablet.

Session Structure

It is important to maintain a setting that is as similar to being in an office together as possible. Maintaining the structure of the setting is critical. In order to have effective online therapy sessions, the following guidelines must be followed:

- 1) Your device must be placed on a steady surface throughout sessions, and not held in your hand if it can be avoided. If it must be in your hand, please hold it as steady as possible. You should also be in a set location and not moving about, and must not be driving in your car.
- 2) Make sure that you are in a private location where your sessions cannot be overheard by others. Make sure to adjust the volume on your device to ensure your privacy. You are required to inform me if there is anyone in the room with you, or who you believe may overhear the session.
- 3) Try to have proper lighting so that I can best communicate with you.
- 4) You must be appropriately attired each session.
- 5) Minimize background noise. Turn off televisions, music or other sounds. Please close the door to the room you are in.
- 6) Minimize distractions. You should not be playing games on a device, be on social media, or working on other things while in therapy. Make sure that pets, children, household members and roommates will not be distractions from treatment.
- 7) You may not invite others into session time without discussing this with me first.
- 8) If the connection is broken for any reason, I will call you to remedy the situation. If transmission should fail, clinician will resume session via phone until internet based therapy availability has returned.

Initials_____

I understand that I have the rights with respect to telemental health services:

- 1. The laws that protect the confidentiality of my personal information also apply to telemental health services. I have the right to confidentiality within certain limits. Information revealed by me during therapy will be kept strictly confidential and will not be revealed to any other person or agency with the following exceptions: a) I sign a written release of information indicating informed consent to such release; b) I express serious intent to harm myself or someone else; c) there is evidence or reasonable suspicion of abuse against a minor child, elder person or dependent adult; d) a subpoena or other court order is received directing the disclosure of information. (it is my therapist's policy to assert privileged communication in such a situation); e) I am in therapy or being tested by order of a court of law (the results of the treatment or test ordered must be revealed to the court); and f) case consultation between the clinician and his/her clinical peers.**

- 2. I understand that there are risks and consequences from telemental health services, including, but not limited to, the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, misunderstandings can occur more easily, especially when care is delivered in an asynchronous manner; and /or possible confidentiality breaches if someone should walk into the client's room while in a psychotherapy session.**

- 3. 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.**

- 4. In addition, I understand that telemental health services and care may not yield the same results nor be as complete as face-to-face service. I understand that I may benefit from telemental health services, but results cannot be guaranteed or assured.**

- 5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1, Comcare Crisis at (316) 660-7500, the National Suicide Prevention Hotline at 1-800-273-8255 or seek help from a hospital or crisis-oriented health care facility in my immediate area.**

- 6. I understand that I must be in the state of Kansas when the telemental health sessions occur.**

Initials_____

Payment for Telehealth Services

1. It is my responsibility to make sure telemental health services are covered by my individual insurance plan.
2. I give my clinician permission to bill my insurance for telemental health services.
3. If my insurance company denies, refuses, or fails to make payments for the services rendered, my clinician will notify me in writing.
4. I assume responsibility for any and all fee's rendered associated with services including document preparation fees provided by my clinician.
5. I will be solely responsible for the full cost of the session if I do not show up for/appear for my appointment or do not cancel at least 24 hours in advance.
6. Insufficient fund checks will be assessed a \$30.00 charge.
7. I am responsible for notifying my clinician of any changes in name, address, telephone number or insurance coverage.
8. By signing this agreement, I agree to allow my clinician to release any and all information necessary for filing insurance claims and collecting fees from my insurance company.
9. My clinician shall have the authority to charge and assess collection costs and expenses, including reasonable attorney's fees, and penalties and interest for the late payment or nonpayment thereof.

Consent to the Use of Telehealth

I have read and understand the information provided above regarding telemental health services, and have discussed it with my clinician, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to participate in the use of telemental health services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Printed Name

Signature

Parent or Guardian Signature

Date

Initials_____