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Teletherapy Informed Consent

Client Name: _____

DOB: _____

Parent/Guardian Name: _____

In order to engage in Teletherapy Sessions:

- You will need access to the certain technological services and tools to engage in telemental health-based services
- Telemental health has both benefits and risks, which you and I will be monitoring as we proceed with your work
- It is possible that receiving services by telemental health will turn out to be inappropriate for you, and that you and I may have to cease work by telemental health
- You can stop work by telemental health at any time without prejudice
- You will need to participate in creating an appropriate space for your telemental health sessions
- You will need to participate in making a plan for managing technology failures, mental health crises, and medical emergencies
- I follow security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy

What is Telemental health:

“Telemental health” means, in short, “provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media.”

Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

I typically provide telemental health services using the following tools:

‘Doxy.me’ for Web Based therapy sessions

‘Signal’ for text messaging

TBD for email communications

You will need access to Internet service and technological tools needed to use the above-listed tools in order to engage in telemental health work with me.

If you have any questions or concerns about the above tools, please address them directly to me so we can discuss their risks, benefits, and specific application to your treatment.

Benefits and Risks of Telemental health:

Receiving services via telemental health allows you to:

Receive services at times or in places where the service may not otherwise be available.

Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.

Receive services when you are unable to travel to the service provider’s office.

The unique characteristics of telemental health media may also help some people make improved progress toward health goals that may not have been otherwise achievable without telemental health.

Receiving services via telemental health has the following risks:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

Internet connections and cloud services could cease working or become too unstable to use.

Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.

Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools. I may also be unable to help you in-person.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and I at the time of service, and the technological tools used to deliver services. I will assess these potential benefits and risks, sometimes in collaboration with you, as our relationship progresses.

Assessing Telemental Health's Fit for you:

Although it is well validated by research, service delivery via telemental health is not a good fit for every person. I will continuously assess if working via telemental health is appropriate for your care. If it is not appropriate, I will help you find in-person providers with whom to continue services.

Please talk to your me if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services.

Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to me is often a part of the process.

You also have a right to stop receiving services by telemental health at any time without judgment. If I also provide services in-person and you are reasonably able to access my in-person services, you will not be prevented from accessing those services if you choose to stop using telemental health.

Your Telemental Health Environment:

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with me (and your child/ren) during the session. If you are unsure of how to do this, please ask me for assistance.

Our Communication Plan:

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, I have the following policies regarding communications:

The best way to contact your me between sessions is to call my cell phone at 315-569-1968 or text me at the same number (utilizing the ‘Signal’ app for an additional layer of HIPPA privacy and security). I will do my best to respond to your messages within 24 business hours. Please note that I may not respond at all on weekends or holidays unless you are in crisis.

Please note that all textual messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record.

I will use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

Our Safety and Emergency Plan:

As a recipient of telemental health-based services, you will need to participate in ensuring you (and/or your child’s) safety during mental health crises, medical emergencies, and sessions that you have with me.

We will also develop a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your me in the creation of these plans and that you follow them when you need to.

I need to know your location in case of an emergency (and for a minor, the parent/guardian location too). You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your (your child’s behalf) in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is: _____
and my emergency contact persons’ name, address, and phone are: _____

Your Security and Privacy:

Except where otherwise noted, I employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your me, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

Recordings:

Please do not record video or audio sessions. Making recordings can quickly and easily compromise your privacy and should not be done. I will not record video or audio sessions.

I have read and understand the above agreement (and for the purposes of a minor, give consent for treatment of my child using telemental health with this provider).

Signature of client/parent/legal guardian

Date

Signature of Counselor

Date