



INFORMATION, AUTHORIZATION, & CONSENT TO TELEMENTAL HEALTH

This document is designed to inform you about what you can expect regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to TeleMental Health. TeleMental Health is defined as follows:

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care.

Several policies and protective measures have been developed to assure your PHI remains confidential. These are discussed below.

TeleMental Health

Based on your needs, your counselor may utilize an online tool called Therapist Assisted Online (TAO). TAO provides clients the opportunity for online education related to their treatment needs, tools to practice new skills, and opportunities for accountability. Additionally, TAO includes a HIPAA compliant, videoconferencing tool that allows counselors and clients to conduct online sessions securely. However, there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of your counselor, that: the transmission of your treatment information could be disrupted or distorted by technical failures; the transmission of your treatment information could be interrupted by unauthorized persons; and/or the electronic storage of your treatment information could be accessed by unauthorized persons.

Additionally, TAO will have some identifying information while you are in treatment so that they can provide technical support and to facilitate interaction with your counselor. Identifying information includes your name, e-mail address, and phone number. Once you have completed the treatment this identifying information will be deleted; however, TAO will keep most of your entries in TAO. This information is used to continue evaluating and improving TAO.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology.

Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, you may be contacted on this line from my own landline in my office or from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, it is realized that most people have and utilize a cell phone. A cell phone may be used to contact you, typically only regarding setting up an appointment if needed.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. Therefore, texting is not utilized.

Email:

Email is not a secure means of communication and may compromise your confidentiality. However, it is realized that many people prefer to email because it is a quick way to convey information. It is important to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

It is also strongly suggested that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this via email because it may not see it in a timely matter. Instead, please see below under "**Emergency Procedures**".

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc.:

It is Family Guidance Center's policy not to accept "friend" or "connection" requests from any current or former client on personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

However, the Family Guidance Center has a professional Facebook page. You are welcome to "follow" us on this professional page where we post counseling and other health related information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to the Family Guidance Center. Please refrain from making contact with counseling services staff using social media messaging systems such as Facebook Messenger. These methods have

insufficient security, and they are often not watched closely. We would not want to miss an important message from you.

Video Conferencing (VC):

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. The Family Guidance Center utilizes Zoom. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Zoom is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, I will give you detailed directions regarding how to log-in securely. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with me at the time of your appointment. It is also strongly suggested that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Recommendations to Websites or Applications (Apps):

During the course of our treatment, it may be recommended that you visit certain websites for pertinent information or self-help. We may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

Communication Response Time

We are required to make sure that you're aware that our office is located in the Southeast and we abide by Eastern Standard Time. Family Guidance Center is considered to be an outpatient treatment facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. Some clinicians are not available at all times. If at any time this does not feel like sufficient support, please inform your clinician, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls within 24 hours. However, we do not return calls or emails

on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency

If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

- **Family Guidance Center: (828) 322-1400 (M-TH 8AM to 5PM and F 8AM to 12PM)**
- **24/7 Sexual Assault Hotline: (828) 308-6952**
- **24/7 Domestic Violence Hotline: (828) 228-1787**
- **Mobile Crisis Unit: 1-888-235-4673 (24/7)**
- **Catawba Valley Medical Center: (828) 326-3000 (24/7)**
- **Frye Regional Medical Center: (828) 315-5000 (24/7)**
- **National Suicide Prevention Lifeline: 1-800-273- TALK (8255) (24/7)**
- **Additional Resources: 211 (24/7)**
- **Call 911**
- **Go to the emergency room of your choice**

Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, it may be determined that you need a higher level of care and TeleMental Health services are not appropriate.
- We require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name: _____ Phone: _____

- You agree to inform me of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). Please list this hospital and contact number here:

Hospital: _____ Phone: _____

In Case of Technology Failure

During a TeleMental Health session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and we have that phone number.

If we get disconnected from a video conferencing or chat session, end and restart the session. If we are unable to reconnect within ten minutes, please call your clinician.

If we are on a phone session and we get disconnected, please call your clinician back or contact them to schedule another session.

Structure of Sessions

Family Guidance Center Counseling Services may provide phone, and/or video conferencing if your treatment needs determine that TeleMental Health services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, TeleMental Health, or both. We will discuss what is best for you.

The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions described in our general " Consent to Treatment" form.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, you must notify your clinician at least 24 hours in advance.

Limitations of TeleMental Health Therapy Services

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in the office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your clinician might not see a tear in your eye. Or, if audio quality is lacking, your clinician might not hear the crack in your voice that could easily be picked up if you were in the office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that all Family Guidance Center staff have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we

strongly encourage you to let us know if something we've done or said has upset you. Family Guidance Center staff invite you to keep our communication open at all times to reduce any possible harm.

Face-to Face Requirement

If we agree that TeleMental Health services are the primary way we choose to conduct sessions, we require one face-to-face meeting at the onset of treatment. We prefer for this initial meeting to take place at our main office located at 17 US Highway 70 SE, Hickory, NC 28602. If that is not possible, we can utilize video conferencing as described above. During this initial session, we will require you to show a valid picture ID (drivers' license, student ID, or other form of identification confirming your identity).

Consent to TeleMental Health Services

Please check the TeleMental Health services you are authorizing me to utilize for your treatment or administrative purposes. Together, we will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying your clinician in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

- _____Email
- _____Video Conferencing
- _____Recommendations to Websites or Apps

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing me to utilize the TeleMental Health methods discussed.

Client Name (Please Print) Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print) Date

Parent's or Legal Guardian's Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist's Signature Date