

# Cinnamon Tree Counseling, Cynthia Kearney, M.Ed., LPC

Addendum to: COUNSELING INFORMATION, DISCLOSURE OF CLIENT RIGHTS AND CONSENT TO TREATMENT



## Client Information and Consent for Telemental Health Services

### Introduction

Telemental health is the delivery of behavioral mental health services using secure, real time interactive audio and visual electronic systems where the provider and the client are not in the same physical location. Telecommunication technologies may include smartphones, mobile devices and/or computers for interactive videoconferencing.

The interactive electronic systems used in telemental health are HIPAA compliant and incorporate network and software security practices to protect the confidentiality of client information and audio and visual data. These practices include measures to safeguard the data and to aid in protecting against unauthorized access to private health information. No electronic recording is made of the service. The service is documented in the same manner as an in-person service.

### Benefits

- Increased accessibility to behavioral health care
- Client time/cost savings re: travel, time off work, babysitting, etc.
- Participation in therapy from your own home (in keeping with current CDC recommendations)

### Potential Risks

There may be potential risks associated with the use of telemental health. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate clinical assessment by the provider.
- There may be electronic connection or equipment failures that impair the provider's ability to provide continuous, adequate treatment or emergency care that may be required.
- Though safeguarded as noted above, there may be location or technology-related vulnerability to confidentiality and information security as compared to traditional in-person services.

### My Rights and Responsibilities

- I understand that all applicable laws and professional standards that govern privacy and confidentiality for in person behavioral health care also apply to telemental health.
- I have the right to choose whether I participate in telemental health now and at any time in the future.
- I understand that the provider has the right at any time to determine that telemental health is not appropriate for meeting my needs and will provide or arrange for in-person care.
- I understand that I need to inform the provider of my location at the start of a session.
- I understand that I need to inform the provider if any other person can hear/see our session and the provider will inform me if anyone else can hear/see our session.
- I understand that I will need an operational web camera or phone camera in order to participate in telemental health sessions.
- I understand that I will need to ensure proper lighting, seating, and camera placement in order to ensure a clear image of each party's face.
- I understand that my dress and environment should be appropriate for an in-office visit.



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- I understand that in the case of an emergency, the provider may contact my emergency contacts and/or the proper authorities.
- I will provide the provider with a phone number where I can be reached in the event of service disruption or an emergency.

## Emergency Protocol

Client is to complete the Telemental Health Safety Plan Addendum. This plan will be utilized in case of an emergency.

## Response to Technical Difficulties

Should technical difficulties cause session disruption, Cynthia Kearney LPC will contact the client via preferred telephone contact information. If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session.

## Payment

Session costs for telemental health services are 80.00 per hour. Specifics are outlined in the Professional Disclosure Statement and Informed Consent form completed at the time of intake. Payment for services is to be due when billed. Please discuss any alternative methods of payment with Cynthia Kearney, LPC.

## Instructions for installing telemental health platform:

Cinnamon Tree Counseling uses a telemental health platform called Doxy.com, Skype, or FaceTime. In order to participate in telemental health services, you may need to download and install the free software. This may be accomplished by utilizing one of the platforms and following the prompts. If you have a smart phone, you can download the application. **I can also send you an email link to invite you into a secure video meeting.**

## Client Consent to the Use of Telemental Health Services

I have read and understand the information provided above regarding telemental health services. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Cinnamon Tree Counseling at any time. By signing this Informed Consent, I, acknowledge that I have both read and understood all the terms and information contained herein and agree to engage in telemental health care services at Cinnamon Tree Counseling.

Name of Client \_\_\_\_\_ Signature \_\_\_\_\_

Email address to send the Invitation: \_\_\_\_\_

Name Parent/guardian for a minor \_\_\_\_\_ Signature \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_