

Complete Counseling Group LLC
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CONSENT FOR TELEMENTAL HEALTH SERVICES

This form is to be used in conjunction with, but does not replace, the signed intake documentation that that is required for all clients receiving services from Complete Counseling Group LLC.

WHAT IS TELEMENTAL HEALTHCARE?

Telemental health is a subset of telehealth services that uses online, interactive videoconference software to provide mental health services from a distance. Telemental health includes terms such as telepsychology, telebehavioral health, online counseling, and distance counseling. Private insurance companies in CT and many other states are required by law to cover telemental health services. Telehealth does not include the use of fax, audio-only telephone, e-mail, or videotelephony products such as FaceTime and Skype.

SOME POTENTIAL RISKS OF TELEMENTAL HEALTH

- Technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions
- Must electronically share and sign practice and consent forms and accept risks that come with transmitting information and documents over the internet

BENEFITS OF TELEMENTAL HEALTH

- Less limited by geographical location and transportation concerns
- Decrease in travel time and ability to meet virtually during inclement weather or other unsafe conditions
- Ability to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable

ELIGIBILITY

The therapists at Complete Counseling Group LLC are only able to provide telemental health services to clients located in Connecticut. Telemental health may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit better from another form of service (e.g. face-to-face sessions) or another provider, an appropriate recommendation will be made.

PRIVACY AND CONFIDENTIALITY

The current laws that protect privacy and confidentiality also apply to telemental health services. Exceptions to confidentiality are described in the Notice of Privacy Practices. All existing laws regarding client access to mental health information and copies of mental health records apply. Telemental health services are provided through the HIPAA compliant, secure software via Doxy.me. No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store video from sessions.

CLIENT EXPECTATIONS DURING TELEMENTAL HEALTH SESSIONS

- Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers
- Internet connection with at least 750kb/s download and upload speeds
- Access to Google Chrome or Firefox (latest release versions) web browsers
- Proper lighting and seating to ensure a clear image of each party’s face
- Dress and environment appropriate to an in-office visit
- Engage in sessions in a private location where you cannot be heard by others
- Only agreed upon participants will be present; the presence of individuals unapproved by both parties will be cause for termination of the session
- Client must disclose the physical address of their location at the start of the session
- Client will provide a phone number where they can be reached in the event of service disruption

EMERGENCY PROTOCOL

Client is to provide the name and contact information for a local emergency contact. In the case of a mental health emergency during a telemental health session where a client is at imminent risk of harming themselves or someone else, your therapist at Complete Counseling Group LLC will contact the client’s local emergency services. The contact information for the client’s nearest emergency room will also be on record. Release of Information forms will be completed for necessary entities unless confidentiality must be breached to protect the safety of the client or another identified individual.

PAYMENT PROCEDURES

Client must pay for telemental health services using a credit card stored on Ivy Pay. The credit card on file will be charged following each telemental health session. It is up to the client to notify their therapist before the end of the session if they wish to use a different credit card for payment or change their card on file.

CONSENT FOR TELEMENTAL HEALTH TREATMENT

I hereby consent to engage in telemental health services with my therapist at Complete Counseling Group LLC. I understand that telemental health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Client Signature / Parent Signature of Minor

Printed Name of Client

Date