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Telemental Health Consent Form

Introduction: Distance counseling, also called telemental health, telepsychology, or online therapy, is defined as counseling using electronic, telephone or visual telecommunications. Its benefits include continuity of therapy and convenience. However, potential disadvantages include not being in the same room during therapy, the therapist's unfamiliarity of the client's surroundings, services being disrupted or distorted by unforeseen technical problems, being overheard by anyone nearby, or website security failing, potentially causing a breach of privacy of confidential medical information. Traditional face-to-face meetings are the best alternative to the use of telepsychology and are preferred whenever possible.

Technology Requirements: You will need a smart phone or computer with internet access and webcam ability. You will also need access to a telephone in the same room.

Distance Counseling Options Offered, Cost & My Privacy: I, the client, understand that my psychotherapist currently offers distance counseling via phone and visual telecommunication when in person counseling is not available and the client is stable enough to engage in this kind of distance therapy. He/she offers these visual telecommunication option through Doxy.Me, a HIPPA approved portal. I understand that my therapist also offers distance counseling via phone sessions and that telephone is not HIPPA protected. I understand that I have the option to choose which method I prefer. I also understand that telemental health sessions may or may not be covered by my insurance and I will be billed the full amount for each session, \$200/hour.

Technology Failure: I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session, immediate steps will be taken by the therapist to reconnect. Contact via email is the first backup step to failed phone and visual telecommunication reconnection. The therapist will repeatedly attempt to use these methods to contact me through the remaining session time. The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate.

Recording of Sessions: I understand that neither my therapist nor I will record my visual or phone sessions, unless there is an explicit written consent for reasons that clearly benefit my treatment.

I understand that in the event of an emotional emergency and I cannot reach my therapist I can follow this Emergency Plan:

- Call 911 or local emergency response team
- Go to the nearest emergency room
- Contact the local crisis center/school counseling center
- Contact other member of my mental health team, i.e., my psychiatrist
- Contact a friend or family member
- Other:

Distance Counseling Using Phone and Visual Telecommunication: My Consent:

- I give my consent to use Doxy.Me for my telemental health counseling.
- I give my consent to use the telephone for my telemental health counseling.

*I, the client, have received, reviewed and had ample opportunity to discuss this **Telepsychology/Distance Counseling, Technology and Informed Consent Policy.***

- *I will comply with the above plans set up to address the potential risks of distance counseling and discuss any aspects that require my participation in the planning.*
- *I have "opted in" for the electronic technology that is acceptable to me at this time.*
- *I have had ample opportunity to ask questions and receive clarification about these options and this policy.*
- *I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing.*
- *I understand that my therapist also has the option to discontinue distance counseling if he/she feels that I am no longer stable enough.*
- ***I do recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication.***
- ***I wish to proceed knowing these risks.***
- ***For some clients, telemental health is not considered beneficial. Should your therapist determine this modality is no longer right for you, it will be discontinued and an alternative, more suitable option will be provided.***

The email to send my teletherapy session is (email address)

The phone number to call in case the tele session is interrupted or if I elect to engage in telephone session only is:
(phone number) _____

The address at which I plan to receive session is _____

Client Signature (Adult/Adolescent 14 years or older)

date

Parent/Guardian Signature

date