Telemental Health  Consent Form

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Introduction of Telemental Health:

As a client receiving mental health services through telemental health technologies, I understand:

☐ Telemental health is the delivery of mental health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.

☐ The interactive technologies used in telemental health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

☐ For texting, I will use an app called Signal.

☐ If I want to use email for issues related to my  therapy, I will communicate via Sendinc, which Tamara Kaiser will tell me how to use.

☐ I agree____ Do not agree_____ to use an insecure method for communicating via email regarding billing or scheduling.  If I do not agree, I agree to use either Sendinc or Signal for those purposes.

☐ I understand that using the telephone, especially a mobile phone, is also insecure and give permission to do phone sessions when necessary.

☐ If I have an emergency and am unable to talk directly with Tamara Kaiser, in person, on the phone or in a video session,  I *will not communicate with her via text or email, or leave her a phone message*.  Rather, I will call my personal physician, a professional whom she and I have designated as a backup person for me, 911, or one of the following services:  Hennepin County COPE (612) 379-6363, Ramsey County Crisis Line (651) 266-7900,  or the Dakota County Crisis Line (952) 891-7171.

Limitations:

☐ I understand that this service has limitations.  They include the following: There may 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. 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, Tamara Kaiser might not see various details such as facial expressions. Or, if audio quality is lacking, she might not hear differences in my tone of voice that she could easily pick up if you were in my office. Additionally, the therapy office decreases the

likelihood of interruptions.

Risks of Technology:

☐ I understand that these services rely on technology, which allows for greater convenience in service delivery and that there are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

Technology Requirements:

☐ I understand that I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

Self-Termination:

☐ I may decline any telemental health services at any time without jeopardizing my access to future care, services, and benefits.

Modification Plan:

☐ Tamara Kaiser and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

Responsibilities

☐ As the therapist, Tamara Kaiser will take every precaution to insure a technologically secure and environmentally private psychotherapy sessions. As the client, I am responsible for finding a private quite location where the sessions may be conducted.

Disruption of Service:

☐ Should service be disrupted, Tamara Kaiser and I will immediately connect by phone if at all possible. Her number is 612-825-8053. My number is _____.

Laws & Standards:

☐ The laws and professional standards that apply to in-person mental health services also apply to telemental health services. This document does not replace other agreements, contracts, or documentation of informed consent.

Confirmation of Agreement:

_____

Printed   Client Name and Date

_____

Client Signature