

Telehealth Informed Consent

This informed consent is to inform you about how telehealth works at AdultSpan Counseling and how it may be different from in-person counseling. Telehealth is conducted by video over internet. It is encrypted similar to banking and other health services communications. Along with policy and procedures, it is HIPAA compliant. No health services should ever be conducted by AdultSpan Counseling therapists via Skype, FaceTime or other such unprotected internet services.

Telehealth is only available to Nebraska residents unless that therapist is licensed in the state that the patient resides and is aware of the telehealth requirements from that states Mental Health Board.

I understand that **I will not be conducting the entirety of my therapy online.** As a general rule, my therapist will expect that 1 in 4 sessions to occur in-person. If I am returning to therapy via telehealth, my therapist will expect an in-person session as well. If my therapist feels that an in-person session is needed, that in-person session will have to occur before any additional telehealth appointments are made available.

AdultSpan Counselors conducting telehealth will be physically located at **1001 South 70th Street, Suite 225.** You may contact your therapist at **402-325-0117.** Telehealth will not be conducted by the therapist from any other location for security, quality and confidentiality control.

As a patient, you are strongly encouraged to use a consistent confidential location and computer for best results. In order to help keep your session confidential, you should have a confidential email to which the invitation can be sent. As with even in-person sessions, there are limits to the confidentiality that AdultSpan Counseling can ensure. **For telehealth, you are responsible for confidentiality in your environment as well as the security of your computer.**

In order to use telehealth, you must demonstrate that you are able to use your system independently. **Your therapist will assess if telehealth is appropriate for you and your clinical needs.** You should understand that if your symptoms worsen, your clinician will discuss alternate options for therapy, including possibly finding another clinician close enough to provide safe, ethical treatment.

Contact between sessions should be by voice mail / phone call for greatest confidentiality. As with in-person therapy, aside from scheduled times for your appointments, your therapist will not be available by telehealth. You cannot leave a message there. Text, messaging, email and other digital forms of communication are not secure and cannot be considered confidential.

You should consider your appointment as though you were attending in-person. Ensure that you have an **interruption free environment** and that you can let go of other responsibilities and distractions for the duration of your session.

Every patient, regardless of reason for therapy will have an emergency support plan. If you need emergency support (i.e., you feel you may hurt yourself or someone else) the plan will include: who to call, where to go for help, how to transport, and with whom the therapist may follow up to ensure you are complying with the plan. If you are not complying with your emergency support plan, your therapist may call for a well person check and/or emergency protective custody to your local emergency number (State Patrol, or Police). This information will be part of the patient file.

No recording of your session will be made. Your therapist will record and store notes about your session in the same fashion as if your appointment were in-person in compliance with HIPAA, state and federal laws and your insurance company.

In the event that the video connection is lost during a session, your therapist will **call by phone to bring the session to a close.** Please be sure your phone number and contact information are up to date. Your insurance company may not pay for all or part of that session.

The information found in the standard informed consent also applies including information about billing, patient responsibility for unpaid portions of the bill, late cancellation/no call no show fees, file maintenance, confidentiality, weather cancellations, and risk/benefits of therapy in general.

I understand that video conferencing of any kind uses data. **I understand that I am responsible for any data usage bill that is generated by the use of telehealth.** This may be particularly costly if I intend to use a cellular data plan.

I have had the opportunity to ask questions about this informed consent and get my questions answered. I understand the risks and benefits of telehealth and have chosen to conduct my therapy via telehealth. I understand that telehealth is not guaranteed and my therapist may determine that for ethical/safety reasons telehealth is not appropriate for me. I have checked and my insurance pays for telehealth or I have signed a private pay agreement for _____ / _____ min. session.

Patient / Guardian

Date

* Temporarily waived for COVID 19
social distancing / response by
HHS mandate - 3/17/19