

**NEWSOME PSYCHOLOGICAL SERVICES, INC**  
**INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES**

This Informed Consent for Telemental health services delivered by NPS, Inc providers contains important information focusing on doing psychotherapy using the telephone, the Internet and/or internet-based technology. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**TeleMental Health and the Benefits and Risks**

Telemental health refers to providing psychotherapy services remotely using telecommunications technologies, such as computers, tablets, smartphones, or telephones and may not involve in-person communication. One of the benefits of telemental health is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telemental health, however, requires sufficient technology skills on both our parts to be helpful. Although there are benefits of telemental health, there are some differences between in-person psychotherapy and telemental health, as well as some risks, which are presented below:

- Risks to confidentiality. Because telemental health sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted or overheard. It is also important for you to protect the privacy of our session on any device you use including cell phone or watch. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact telemental health. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, I will not engage in telemental health with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telemental health, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telemental health work.
- Efficacy. Most research shows that telemental health is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely. On an ongoing basis you and I will assess the effectiveness or appropriateness of telemental health services for you. If at any time or for a clinically appropriate reason, either you or I can discontinue telemental

health services and identify an alternative means for you to continue mental health services.

### **Electronic Communications**

The telehealth technology this practice uses is called Doxy.me. Doxy.me is HIPAA compliant and has other features that ensure the confidentiality of the telemental health session. However, some insurance companies use their own video-meeting technology. It is important for you to contact your insurance company to verify your benefits including the availability under your plan to use telemental health technology for mental health services, and, if so, how. With most telemental health programs, you will receive an email from me prior to each telemental health session that contains a link to join the telemental health session. For you to participate in the telemental health session you must have a computer, tablet, smartphone or smart watch, strong wifi or ethernet connection, and up-to-date Chrome or Firefox browser. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telemental health treatment.

Under certain conditions, therapy can be conducted by telephone. The same treatment conditions such as confidentiality and emergency procedures apply when the telephone is used to conduct therapy.

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. Please remember to leave your message in my voicemail box, and not the administrative box, as I will be checking my voicemail messages. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

### **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telemental health contacts. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured,

or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telemental health sessions and having passwords to protect the device you use to participate in this service).

The extent of confidentiality and the exceptions to confidentiality that I outlined in the NPS, Inc Informed Consent and Patient Information form you reviewed and signed still apply in telemental health. Please let me know if you have any questions about exceptions to confidentiality or would like to review confidentiality again.

### **Appropriateness of Telemental Health**

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that telemental health is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telemental health than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telemental health services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back or have someone call me back after you have called for or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via Doxy.me, or agreed upon technology method. If you do not receive an email or call back within two (2) minutes, then call me on the phone number I provided you.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

### **Fees**

The same fee rates will apply for telemental health as apply for in-person psychotherapy including but not limited to co-pays, coinsurance, deductibles, and cancellation policy violation fees. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telemental health sessions in order to determine whether these sessions will be covered. All therapy fees must be satisfied prior to the start of the telemental health service. Payments can be

made via check (mailed or dropped off at the office), credit card or other financial transaction application. You can make credit card payments by calling the office or complete and sign NPS's credit card payment processing which gives the practice permission to use your credit card information to make payments upon completion of each session. Please be advised the form will be maintained in our file and will not be stored on the computer.

**Records**

The telemental health sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with practice policies.

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date