

MIDWEST CENTER FOR HUMAN SERVICES TELEHEALTH MENTAL HEALTH CONSENT FORM

This form is in addition to the Midwest Center for Human Services regular Therapy, Policies, Service Agreement, Consent Form, and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must read and sign all forms in order to participate in Telehealth Mental Health counseling sessions. Telehealth Mental Health counseling, hereafter referred to as Telehealth, incorporates email, phone and video counseling. Prior to engaging in Telehealth, an assessment/consultation will be done to assure that Telehealth is an appropriate form of counseling for you. The following information is regarding the Telehealth process and to inform you about what you can expect regarding your participation in Telehealth Mental Health counseling.

Limitations:

While it is important to consider that Telehealth, it is important to note that there are also some potential limitations to this form of Mental Health Counseling that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. It may be difficult to get a complete sense of your body language or facial expressions during a video call. And if by phone, I will not be able to see you at all.
2. Due to technology limitations, It may be difficult to hear all of what you are saying and you may need to ask you to repeat things. Additionally, you may not be able to see me clearly or hear me clearly at times.
3. Technology might fail before or during the Telehealth Mental Health counseling session.
4. Although every effort is made to reduce confidentiality breaches, breaches may occur for various reasons.
5. To reduce the effect of these limitations, you may be asked to describe how you are feeling, thinking, and/or acting in more detail than I would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

Logistics:

When providing phone/video-counseling sessions, **you will be told which format is being used, eg. Zoom, doxy.me, etc., and you will be sent a link to use as a login prior to your appointment time. Please copy the link into your browser and follow the login instructions. If your therapist is not online, please wait until they arrive.**

It is expected that you are available at your scheduled time and are prepared, focused, and engaged in the session. I will be contacting you from a private location where I am the only person in the room.

You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others can hear you, your therapist cannot be responsible for protecting your confidentiality. Every effort MUST be made on your part to protect your own confidentiality. If available, it may be helpful to wear a headset to increase confidentiality and also increase the sound quality of our sessions. Please know that your therapist cannot guarantee the privacy or

confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please assure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

Connection Loss During Phone Sessions: If we lose our phone connection during our session, I will call you back immediately. Please leave me a message at 608-231-3300 and use the extension of your therapist if you do not receive a return call. If we are unable to reach each other due to technological issues, your therapist will attempt to call you 2 times. If you cannot be reached, your therapist will remain available to you during the entire course of our scheduled session. Should you contact your therapist back and there is time left in your session you will continue the session. If the reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on your therapist's end, your therapist will call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

Recording of Sessions:

Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-therapist relationship.

Phone/video sessions should be treated as regular in office sessions. If you are late getting on the phone, are unable to talk at our scheduled time, your battery has died and you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend our session please know that you will be charged for the session. Please make the necessary arrangements you need to be available and present for your session.

Consent to Participate in Telehealth Mental Health Sessions:

By signing below, you agree that you have read and understand all of the above sections of Telehealth informed consent. You agree that you also understand the limitations associated with participating in Telehealth counseling sessions and consent to attend sessions under the terms described in this document.

Client's Name: _____ Date: _____

Client's Signature: _____ Date: _____

Clinician's Signature/Credentials: _____ Date: _____