



MercyMed INFORMED CONSENT FORM FOR TELEMENTAL HEALTH

Client Name

Date of Birth (mm/dd/yyyy)

This Informed Consent is an agreement, 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 these additional terms and conditions. This document contains important information focusing on providing counseling/therapy via telecommunications – internet or phone.

We, MercyMed, offer counseling via traditional in person on-site sessions, video conferencing, and telephone formats. Telemental health is considered any of those methods other than in person. If your counseling needs are appropriate for telemental health, you may participate in counseling, either in person, through telemental health formats, or in any combination of services.

Client responsibilities for participation in telemental health counseling:

The client should:

- Be** in the state in which the clinician is licensed to practice. Clinician will ask and notate your location.
- Be** in an area that is **safe** and **provides privacy**.
- Be** in an area that is **appropriate** for a video session, such as a home office.
- Refrain** from the use of alcohol, illicit drugs, or any mind-altering substances prior to session.
- Dress appropriately** as you would if you were attending a session in office.
- Do not** have anyone else in the room unless you **first** discuss it with your clinician.
- Do not** record sessions without **first** obtaining your clinician's agreement.
- Do not** conduct other activities, such as driving, while in session.
- Do not** bring weapons of any kind to session.
- Minors** should have a parent or guardian with them at the location of the web-based session, unless otherwise agreed upon with their clinician.

To prevent unnecessary hardship, if you are troubled by anything your clinician may have said during a video or phone based session, it is important to remember that clinicians of MercyMed are highly trained professionals who have only the highest positive regard for you and your concerns. If you have any ill

feelings or misunderstandings that may have arisen during your session, please make sure to discuss your concerns with your clinician as soon as possible.

Confidentiality and Records:

All of your Protected Health Information (PHI) is retained, as it would be for any in person session.

Risks / Client’s Responsibilities / Client’s Protection: When using telecommunication technology, there is a risk that it may be forwarded, intercepted, circulated, stored, or even altered, and the security of the devices used may be compromised. We take every reasonable precaution to protect the privacy and security of all electronic communication. However, it is not possible to guarantee complete security of the information. If you use any methods of electronic communication with your clinician, other than recommended secure messaging through the client portal, there is a chance that a third party may be able to intercept that communication.

It is important to be aware that others may gain access to any technology, devices, or applications that you use. We encourage you to communicate only through a computer, phone, or any other device that you know to be safe. You are responsible for reviewing and maintaining the privacy and permission settings of any applications or technology you use.

Possible Limitations of Telemental Health:

Telemental health should not be viewed as a substitute for in person counseling or medication management.

It is an alternative form of counseling with possible benefits and limitations. By signing this document, you agree that you understand that telemental health:

- o May lack visual and/or audio cues, which may cause misunderstanding.
- o May have disruptions in the service and quality of the technology used.
- o May not be appropriate if you are having suicidal or homicidal thoughts, acute psychosis, or another emotional crisis.
- o When using secure email through the portal, there might be a delay in your clinician receiving and responding to your message. It is also possible that technical difficulties may prevent the message or response from being delivered.

Email:

We, the MercyMed staff, **strongly discourage** the use of email because this format is not considered a secure form of communication and does not meet HIPPA compliancy standards. However, you can use secure messaging with your clinician through the **client portal for non-emergency issues**. These correspondences become part of your clinical record. You simply send a portal email to your clinician and within two business days you will receive a response.

Texting:

To protect your privacy, we, the MercyMed staff, **DO NOT** use SMS or MMS texting with clients.

Video conferencing counseling sessions are held via doxy.me. You will be sent an email **one day** prior to your session and **thirty (30) minutes** prior to session as reminders. It is recommended that you sign on to your doxy.me account initially at least **twenty (20) minutes** prior to your start time to complete a short questionnaire. Subsequent appointments, please sign in at least **five (5) minutes** prior to your session start time. You are responsible for initiating the connection with your clinician at the time of your

session. Once you initiate the session, you will be placed in a virtual waiting room and the clinician will join you shortly.

Privacy Protocol During Telemental Health Sessions:

Always use a private and safe environment for your sessions. If someone enters your space during your session at your location, simply acknowledge their presence by saying hello and your clinician will automatically disconnect from the session. This is to protect your privacy. Inform your clinician if you would like to establish a different procedure for handling interruptions.

Verification of Identity:

If sessions are requested via phone, you will have to have a brief interaction either on-site, or via video conferencing in order to verify your identity by matching you with your picture ID. During this initial verification, you will choose a phrase or number that you will use for all future sessions. This process protects you from another person posing as you.

Emergency Management for Telemental Health:

For your safety, and so that we can get you help in case of an emergency, the following points are important and necessary. Therefore, by signing this agreement form you are acknowledging that you understand and agree to the following:

- o You, the client, will inform your clinician of the location where you will be consistently located during your sessions, and will inform your clinician if this location changes.
- o You, the client, will identify on your client information form the name of a person who your clinician is allowed to contact in the event that he/she believes you are at risk of harming yourself or others.
- o Depending on your clinician’s assessment of risk, you, the client, or your clinician may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if your clinician deems necessary, call 911 and/or transport you to a hospital. In addition, your clinician may assess, and therefore require that you create a safe environment at your location during the entire time that you are in treatment with MercyMed.

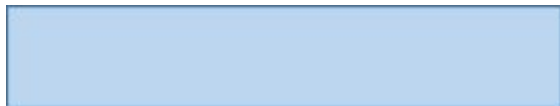
Backup Plan in Case of Technology Failure:

The most reliable backup is a telephone. It is recommended that you always have a phone available and that your clinician knows the phone number you intend to use as a backup.

If you get disconnected from a **video session**, you should end and attempt to restart the session. If you are unable to reconnect within five minutes, call your clinician at MercyMed 706-507-9209, ext. 2012.

Unless you request otherwise, if your clinician does not hear from you within ten (10) minutes, he/she will call you at the number you provided on the client information form.

If you are disconnected during a **phone session**, call your clinician back immediately. If you and your clinician are unable to reconnect via the phone, your clinician will send you a message via the client portal.



Signature

Full Name of Person Filling Out Form

Date (mm/dd/yyyy)

Relationship to Client

- I accept the terms of this agreement and I affirm that I am responsible for executing this agreement on the date above*