

## **CONSENT FOR TELEMENTAL HEALTH SERVICES**

This form is to be used in conjunction with, but does not replace the signed Service Agreement and Consent for Treatment that that is required for all clients receiving services from Center for Behavioral Wellness, LLC.

### **WHAT IS TELEMENTAL HEALTHCARE?**

Telemental health is a subset of telehealth services that uses online, interactive videoconference software to provide mental health services from a distance. The Center for Behavioral Health currently uses Doxy.me for telemental services. Clinicians who are not prescribing medications may use the telephone to provide services (telehealth). Private insurance companies and CT state specific plans are required by law to cover telemental health services. Telemental services are determined by insurance plans and must be verified by each client.

### **SOME POTENTIAL RISKS OF TELEMENTAL HEALTH**

- Technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions
- Must electronically share in practice and consent forms and accept risks that come with transmitting information and documents over the internet.

### **BENEFITS OF TELEMENTAL HEALTH**

- Less limited by geographical location and transportation concerns
- Decrease in travel time and ability to meet virtually during inclement weather conditions
- Ability to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable

### **ELIGIBILITY**

Center for Behavioral Wellness LLC is only able to provide telemental health services to clients located in Connecticut where our clinicians hold valid CT State Licenses. New clients must present a valid ID during the initial consultation and need to have a valid photo ID on file in the Center for Behavioral Wellness medical record. Telemental health may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit better from another form of service (e.g. face-to-face sessions) or another provider, an appropriate recommendation will be made. Again, telehealth benefits must be verified by the client prior to initiating treatment as telemental services are determined by insurance plans.

### **PRIVACY AND CONFIDENTIALITY**

The current laws that protect privacy and confidentiality also apply to telemental health services. Exceptions to confidentiality are described in the Notice of Privacy Practices. All existing laws regarding client access to mental health information and copies of mental health records apply. Telemental health services are provided through the HIPAA compliant, secure software via Doxy.me. No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store video from sessions.

**CLIENT EXPECTATIONS DURING TELEMENTAL HEALTH SESSIONS**

- Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers
- Internet connection with at least 750kb/s download and upload speeds
- Access to Google Chrome or Mozilla Firefox (latest release versions) web browsers
- Proper lighting and seating to ensure a clear image of each party’s face
- Dress and environment appropriate to an in-office visit
- Engage in sessions in a private location where you cannot be heard by others
- Only agreed upon participants will be present; the presence of individuals unapproved by both parties will be cause for termination of the session
- Client must disclose the physical address of their location at the start of the session; unknown locations will be cause for termination of the session
- Client shall provide a phone number where they can be reached in the event of service disruption
- Session will be terminated if client is driving

**EMERGENCY PROTOCOL**

In the case of a mental health emergency during a session where a client is at imminent risk of harming themselves or someone else, your clinician will contact the client’s local emergency services. The contact information for the client’s nearest emergency room will be on record. Release of Information forms will be completed for necessary entities unless confidentiality must be breached to protect the safety of the client or another identified individual.

**PAYMENT PROCEDURES**

Copays must be received for each session by calling the Center for Behavioral Wellness office at (860)432-7771 after each session. Telehealth appointments will be cancelled if client has an outstanding balance.

**CONSENT FOR TELEMENTAL HEALTH TREATMENT**

I hereby consent to engage in telemental health services with Center for Behavioral Wellness, LLC. I understand that telemental health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, telephone and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. I am responsible for notifying the Center for Behavioral Wellness of any change in demographics and/or insurance.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date