

Telehealth Informed Consent

Definition of Telehealth and Requirements: Delivery of mental/behavioral health services using interactive telecommunications when the member and the provider are not in the same physical location. Telecommunications must be the combination of audio and live, interactive video. This requires a device with both a camera and a microphone. You must reside in the same state where your provider is licensed, which in this case is Florida. Sessions scheduled will reflect the Eastern Time Zone.

Using Health Insurance: If you plan on using Magellan/Health First or Tricare insurance coverage, you must have a covered mental health benefit that permits telehealth/telemedicine. Members are responsible for any applicable copayments.

Instructions:

You will need a high-speed internet connection. It is recommended that you use Chrome or Firefox as your internet browser. *Doxy.me* is a secure, HIPAA-compliant platform. Enter the URL as follows: <https://doxy.me/elanabreinerlmft> You'll be prompted to type in your name and click "check in."

Potential for Technical Failure: If the connection is lost and reattempts are unsuccessful for 5 minutes, I will call you to discuss alternative methods of contact. If the problem occurred on my end, I will issue a credit for the remaining session time.

Confidentiality:

It is your responsibility to ensure that your surroundings are quiet for optimum communication and also private to protect your personal information. Please remember the legal exceptions of confidentiality: safety risks of suspected child, elder, or dependent adult abuse or any threat to physically harm yourself or others. I do not permit any recording/saving of audio or video material of myself.

Availability/Emergencies:

If you feel the need to speak with me before your next scheduled appointment, you may call my office at 321-327-3793 (Ext. 104), and I will call you back within 24 hours during regular office hours (9:30 am-5:30 pm, M-TH; 9:00-2:30 F). After hours and during my planned absences, you may leave a message and I will return your call on or before the next business day. **If you are experiencing a life-threatening emergency, it is your responsibility to call 911 immediately.**

Financial Agreement: Rates are the same as the rates for my face-to-face sessions. Payment is to be collected at the beginning of session if you are a new client. Payment is collected at the end of session if you are a returning client. Cancellations under 24 hours or no-shows result in a \$50 fee.

I have reviewed the information above and voluntarily agree to participate in telehealth psychotherapy services with J. Elana Breiner, LMFT, Lic. #MT3205.

Name of Client (please print)

Signature of Client

Date