

## **Telemental Health Informed Consent**

This Informed Consent for Telemental Health contains important information about how we will conduct psychotherapy remotely using telecommunications technologies such as video conferencing, telephone or a combination of electronic devices and the internet. It outlines potential risks and benefits that are different from in-person psychotherapy and defines both of our roles in protecting your privacy and ensuring your safety and wellbeing while conducting telemental health services. 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.

### **Benefits of Telemental Health:**

Telemental health allows the client and clinician to engage in psychotherapy 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.

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.

### **Potential Risks of Telemental Health:**

Confidentiality: Because telemental health sessions take place outside of the therapist's private office, there is potential for a breach of confidentiality.

The following steps can help protect your privacy on your end:

1. **Find a private place** in which to conduct our session to prevent other people from overhearing or interrupting our conversation. If this is not possible in your current location, we will establish a codeword at the beginning of each session for you to signal that you are unable to speak openly. At this point, private conversation will cease until you signal that privacy has been restored.
2. Use only a secure internet connection – not a free, public access connection where your privacy can be compromised.
3. You are responsible for deleting the email containing the link to our session and fully exiting all online counseling sessions.

My role in protecting your privacy: In addition to the privacy practices outlined in our initial agreement to engage in psychotherapy services, I will also take the following steps to protect your privacy while providing telemental health.

1. I will only engage in sessions with you from a private location where there is no risk of others overhearing our conversation.
2. I will use either HIPPA-compliant platforms for videoconferencing or take other precautions to protect electronic communication between us. I will try to use updated encryption methods, firewalls, and back-up systems, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. Because email and text messaging are not safeguarded for privacy, I discourage you from sharing clinical information via these technologies. As a courtesy, our office uses email and text messaging to communicate about administrative matters such as scheduling or leaving messages for me to return your call.

Issues related to technology: It is possible and not uncommon, for technology to stop working during a session. This can result in an upsetting or confusing experience for you, especially when sharing delicate information. To manage this possibility:

1. Please make sure your device is either plugged in or fully charged before starting a session.
2. If we get disconnected, I will wait for 2 minutes and then reconnect by whatever platform we are using. If this is not available, I will call you on the number I have for you and discuss how to proceed.

**Judy Schrader, LMHC**  
**Beachside Counseling and Wellness, LLC**

122 4th Ave, Suite 200  
Indialantic, FL 32903

321-327-3793, Ext 107

<http://www.bewellcounseling.net>

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**Crisis management and intervention:** I will not engage in telemental health services with clients who are currently in a crisis situation requiring high levels of support and intervention. However, if you experience an emergency during our session, the following safeguards are intended to limit your risk:

1. If the emergency happens during a technological interruption in our session, do not call me, call 911 or go to your nearest emergency room.
2. At the beginning of each session, I will confirm your location (physical address) and an emergency contact for you in case emergency procedures need to take place.

Conducting telemental health sessions:

1. You may have to have certain computer or cell phone systems to use telemental health services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telemental health services.
2. Telemental health sessions will be provided through Doxy.me. or similar HIPPA- compliant web-based videoconferencing service. You will be emailed a secure link prior to our individual session. Upon clicking on the link, you will enter the waiting room. I will then invite you into the session.

**Fees:** The same fees apply for telemental health as for in-person psychotherapy. If all or part of your treatment is covered by insurance, it is your responsibility to ensure that your insurance company covers telemental health services. During the COVID-19 crisis, most insurance companies have relaxed restrictions on these services, but only for a limited time period.

**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 my policies.

If for any reason, you are not comfortable proceeding with telemental health, do not hesitate to tell me so we can make other arrangements for your treatment.

**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

\_\_\_\_\_  
Judy Schrader, LMHC

\_\_\_\_\_  
Date