Oak Brook Counseling & Wellness

1010 Jorie Blvd. Suite 112, Oak Brook IL 60523

630-710-5729 ~ oakbrookwellness.com

Telemental Health Services Informed Consent

**Overview**

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| --- |
| * You will need access to the certain technological services and tools to engage in telemental health-based services with your provider
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| * Telemental health has both benefits and risks, which you and your provider will be monitoring as you proceed with your work
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| * It is possible that receiving services by telemental health will turn out to be inappropriate for you, and that you and your provider may have to cease work by telemental health
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| * You can stop work by telemental health at any time without prejudice
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| * You will need to participate in creating an appropriate space for your telemental health sessions
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| * You will need to participate in making a plan for managing technology failures, mental health crises, and medical emergencies
 |
| * Your provider follows security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy
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**What is Telemental Health?**

“Telemental health” means, in short, provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media.

Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

**Your provider typically provides telemental health services using the following tools:**

|  |
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| *Doxy.me – HIPAA compliant platform for telecommuniation*  |

* You will need access to Internet service and technological tools needed to use the above-listed tools in order to engage in telemental health work with your provider.
* If you have any questions or concerns about the above tools, please address them directly to your provider so you can discuss their risks, benefits, and specific application to your treatment.

**Benefits and Risks of Telemental Health**

**Receiving services via telemental health allows you to:**

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| Receive services at times or in places where the service may not otherwise be available. |
| Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings. |
| Receive services when you are unable to travel to the service provider’s office.The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health. |

**Receiving services via telemental health has the following risks:**

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider’s ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

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| Internet connections and cloud services could cease working or become too unstable to use |
| Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery. |
| Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out. |

Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. Your provider may also be unable to help you in-person.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risks, sometimes in collaboration with you, as your relationship progresses.

**Assessing Telemental Health’s Fit For You**

Although it is well validated by research, service delivery via telemental health is not a good fit for every person. Your provider will continuously assess if working via telemental health is appropriate for your case. If it is not appropriate, your provider will help you find in-person providers with whom to continue services.

Please talk to your provider if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. **Raising your questions or concerns will not, by itself, result in termination of services.** Bringing your concerns to your provider is often a part of the process.

You also have a right to stop receiving services by telemental health at any time without prejudice. If your provider also provides services in-person and you are reasonably able to access the provider’s in-person services, you will not be prevented from accessing those services if you choose to stop using telemental health.

**Your Telemental Health Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

**Our Communication Plan**

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, your provider has the following policies regarding communications:

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| The best way to contact your provider between sessions is by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Your provider will respond to your messages within 24 to 48 hours. Please note that your provider may not respond at all on weekends or holidays. Your provider may also respond sooner than stated in this policy. That does not mean they will always respond that quickly.  |

Our work is done primarily during our appointed sessions, which will generally occur during regular business hours. Contact between sessions should be limited to:

|  |
| --- |
| Confirming or changing appointment times |
| Billing questions or issues  |
|  |

Please note that all textual messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record.

Your provider may coordinate care with one or more of your other providers. Your provider will use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

**Our Safety and Emergency Plan**

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider.

Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies.

Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

**Your Security and Privacy**

Except where otherwise noted, your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

**Recordings**

Please do not record video or audio sessions without your provider’s consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care. Your provider will not record video or audio sessions.

By signing this form, I certify:

That I have read or had this form read and/or had this form explained to me.

That I fully understand its contents including the risks and benefits of the procedure(s).

That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

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Recovery and Client Safety Plan

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service \_\_\_\_\_\_

## **Your emergency contact (required):**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Phone #: |  |
| Contact Address: |  |

|  |
| --- |
| You give your provider permission to contact your emergency contact regarding your health care in an emergency: \_\_\_\_\_\_\_\_ (client initials) |

### Technological Emergencies:

If we experience a technical failure during a session or other interaction, **I will always attempt to reconnect with you**, even if it seemed we were about to finish our interaction**.**

**Our backup communication method is:**

|  |  |
| --- | --- |
| Method: | Telephone/text |
| Provider’s number/address: | OBCW 1010 Jorie Blvd. Suite 112Oak Brook, IL 60523 |
| Client’s number/address:  |  |
| Plan:  | Your provider will attempt to call you (client) at the above number. If unable to connect, provider will send client a secure email at [sgosmire@oakbrookwellness.com] to inform client that s/he could not get through by phone. |

### Identification Plan following secret authentication

**If** we need to connect by a medium that doesn’t provide a satisfactory way to identify each other, we will use the method to identify each other. We may use this method if we connect textually or if our video or audio connection becomes very poor. **Do not inform any other people of our plan.**

|  |  |
| --- | --- |
| Method: Please indicate if the example works for you or if you would like an alternative method.  | <e.g. The provider will ask, “Is there anything in particular you wish to tell me before we start?” and the client will respond, “Yes, I have been somewhat sleepy lately.”> |

### Scene Safety Plan

Sometimes there may be other people who attempt to intrude on our session, or there may be other reasons why the space you are in is not psychologically safe for our work. **Do not inform any other people of our plans.**

**To help your provider know when your space is unsafe, we will do the following scene safety check at the beginning of each session:**

|  |  |
| --- | --- |
| Scene safety check method:  |  The client will be asked to pick up their computer/camera and pan around the room. |

**In cases when you need it, we will use the following secret call and response code to indicate that your space is not currently safe:**

|  |  |
| --- | --- |
| Scene unsafe call and response: Please indicate if the example works for you or if you would like an alternative method.  |  The therapist always asks, “Is now a good time to proceed?” and if the scene is unsafe, the client responds, “I am a bit sleepy, but yes.” |

### Health and Safety Emergencies

|  |  |
| --- | --- |
| If you are in a mental health crisis, you will call this number for help: | 911 |
| If you have a medical or safety emergency, you will call this number for help:  | 911 |

Your address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local police department number (instead of 911) **for example**: If you live in Elmhurst, 911 = 630.530.3050 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which hospital will you go to when a medical issue arises?**

|  |  |
| --- | --- |
| Main hospital name: |  |
| Main hospital phone #:  |  |
| Main hospital address: |  |

**If there is a second hospital you may go to, please list it here:**

|  |  |
| --- | --- |
| Secondary hospital name: |  |
| Secondary hospital phone #:  |  |
| Secondary hospital address: |  |

**If you need to contact your provider during an emergency, the following method is the way to do it. Remember that your provider may not be able to provide any emergency or crisis assistance:**

|  |  |
| --- | --- |
| Provider emergency contact method: |  Telephone #  |