

Telemental Health Informed Consent

I hereby consent to engage in telemental health (internet based therapy) with Jacquelyn Maser, MS LPC, as the main venue for my counseling treatment. I understand that telemental health includes the practice of health care delivery, including diagnosis, consultation, treatment, referral and education using interactive audio, video, and/or data communication.

All protections and limitations of HIPAA are the same for online therapy as they are in person, as outlined in the Privacy Policies you have received.

I understand that I will need to download an application to use this platform. I also need to have a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. The secure, HIPAA compliant server to be used is ZOOM from a computer.

I understand that due to the unique circumstances surrounding Covid-19 and the immediate need for mental health services via telehealth, that non HIPPA compliant apps/services can be utilized as necessary and as a last resort; this includes but is not limited to apps such as facetime, phone calls and non-secure email platforms for transmittal of documents such as informed consent.

Session Structure:

It is important to maintain a setting that is as similar to being in an office together as possible. Maintaining the structure of the setting is critical. In order to have effective online counseling sessions, the following guidelines must be followed:

- 1.) Your device must be placed on a steady surface throughout sessions, and not held in your hand if it can be avoided. If it must be in your hand, please hold it as steady as possible. You should also be in a set location and not moving about.
- 2.) Make sure that you are in a private location where your sessions cannot be overheard by others. Make sure to adjust the volume on your device to ensure your privacy. You are required to inform me if there is anyone in the room with you, or who you believe may overhear the session.
- 3.) Try to have proper lighting so that I can best communicate with you.
- 4.) You must be appropriately attired each session.
- 5.) Minimize background noise. Turn off televisions, music or other sounds. Please close the door to the room you are in.
- 6.) Minimize distractions. You should not be playing games on a device, be on social media, or working on other things while in therapy. Make sure that pets, children, household members and roommates will not be distractions from treatment if possible.
- 7.) You may not invite others into session time without discussing this with me first.
- 8.) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the

session. If we are unable to reconnect within ten minutes, I will call or email you to discuss continuing options including using an alternate platform, phone call, or rescheduling.

Client Rights:

I understand that I have the following rights with respect to telemental health:

- 1.) I have the right to withdraw consent at any time without affecting my right to future care or treatment.
- 2.) I have the responsibility to inform my counselor if I am unable to attend a scheduled session as soon as possible and prior to the start of the session so that the time slot may be used for someone else.
- 3.) The laws that protect the confidentiality of my medical information also apply to telemental health. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- 4.) I understand that there are risks and consequences from telemental health. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of services could be disrupted or distorted by technical failures; misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner; and/or possible confidentiality breaches if someone should walk into room while in a counseling session.
- 5.) In addition, I understand that telemental health based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my counselor believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to someone in my area who can provide such service.
- 6.) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- 7.) I understand that I may benefit from telemental health, but results cannot be guaranteed or assured. The benefits of telemental health may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

In emergencies, call 911 or go to your local emergency room. Jacquelyn Maser LPC can be contacted during business hours and will return calls within one business day.

Jacquelyn Maser can be contacted at maserj@bartonccc.edu or 620-792-9295.

Emergency Protocols and Contact Information

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency. In case of an emergency, my location is: _____

and my emergency contact person's name, address, phone: _____

I understand that the counselor will need my email address in order to send me a link to connect to my ZOOM meeting. The counselor may need to contact me through phone or email if we are disconnected or if the counselor needs to reschedule a session. I give my consent for the counselor to contact me by either of these means and to leave a voicemail if appropriate. If I do not want my counselor to contact me by one or both of these means or to leave a voicemail, I have indicated that below.

Cell Phone

Email address

Permission to contact me at both of these? Yes No

Permission to leave a voicemail? Yes No

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of client

Date