**TELEHEALTH CONSENT**

**Client Name:________________________________________________________ Date:_________________**

**Parents/Guardians (for minor client):________________________________________________________**

This telehealth informed consent is to provide you with additional information about policies and procedures regarding telehealth services for psychotherapy. All policies and procedures in the primary Consent for Services and the Privacy Policy also apply in the case of telehealth. Please review carefully and discuss any questions with me. Please print a copy of this for your own records or you may request an additional copy from me at any time.

**Telehealth Services:** Telehealth (also referred to as telemental health, e-therapy, teletherapy, online therapy, virtual therapy, or video therapy) is the use of HIPAA compliant electronic information and communication technologies (including video and audio technology) by a mental health provider to deliver services to an individual when they are located at a site that is different than their provider. Although telehealth services can include a variety of means, I provide treatment only through a secure video call platform. I do not provide asynchronous treatment through email or text messaging.

Telehealth treatment for mental health is different from in-person therapy. As such, the therapist must continually assess that the client and the client’s needs are appropriate for telehealth services. If I believe that you would be better served with a different form of services, we will need to change our approach or I will refer you to another provider who can provide the recommended services. Conditions that may mean that telehealth is not appropriate for you or your child’s treatment include safety concerns that are not being managed through an agreed upon safety plan, lack of engagement during sessions, substance use during sessions, or inability to overcome technology challenges. Please discuss with me if you ever feel that the telehealth approach is no longer a good fit for you.

**Benefits and Risks:** Telehealth services for mental health have been found to be effective for a wide range of clients. However, individual responses and results to therapy and telehealth may vary. As with all psychotherapy, telehealth therapy cannot be guaranteed. Benefits to telehealth treatment can include increased access to treatment, the increased comfort of being in your own environment, and the ability to still engage in treatment when there are emotional, health, or environmental safety concerns that prevent office visits. There are risks unique and specific to telehealth, including but not limited to, the possibility that our therapy sessions or other communication could be disrupted or distorted by technical failures, could be interrupted, or could be accessed by unauthorized persons.

**Privacy and Confidentiality:** Your right to confidentiality with telehealth services is the same as your right to confidentiality for in-person therapy. The policies and laws that protect the privacy and confidentiality of your medical information also apply to telehealth. The same limits to confidentiality also apply as with in-person therapy (see Consent for Services form). During telehealth sessions, I use a secure platform that protects your information and is considered HIPAA and HITECH compliant. However, digital services always have some risks to security and privacy through the possibility of unauthorized access. In addition, you are responsible for your own privacy and confidentiality in the space where you are during the session. Please see the additional information in the telehealth instructions for guidance on maintaining your confidentiality.

The platform that I currently use is Doxy.Me. No client information is stored or recorded by Doxy. Encryption and security include point-to-point NIST-approved AES 128 bit encryption for all video & audio communication, full volume encryption and 256-bit AES encrypted keys for any data stored at rest, and OSSEC intrusion detection, file integrity monitoring, log monitoring, root check, and process monitoring. Servers are HIPAA and HITECH compliant.

**Session Disruption:** If a disruption or an emergency situation occurs, I can be contacted at 512-66-7279. If we lose video connection, I will attempt to re-connect. If unable to re-connect immediately, I will call you at the contact number you have provided. If we have lost connection and you have not heard back from me by video or phone after five minutes,
please call me directly (see attached Telehealth Instructions for additional information on how we will handle a disruption). If you end a session early and do not respond to phone outreach, I may be concerned about your safety and well-being. In that case I will contact local police or psychiatric emergency services to do a well-check at your location. In the case of an extended disruption, I may not be able to make-up this time and we will still need to end our sessions at the normally scheduled time. If there is a technical failure that prevents both phone and video reconnection, I will send you an email as soon as possible to check-in.

**Emergency Procedures:** If I believe that you are in danger during session, either from yourself or someone else, I will contact 911 or psychiatric emergency services to come to your location. In the case of a psychiatric emergency or crisis between or during session, please contact emergency services to assist you. For Travis County residents, please call Psychiatric Emergency Services: (512) 472-4357. For Williamson County residents, please call the Crisis Intervention Team at (800) 841-1255. In case of immediate emergency, please call 911.

**Photography, Recording, or Screen Captures:** You are asked to not record or capture your sessions (e.g., audio/video recording, screenshots, or photos) in any way without written consent of therapist. I will also not record or screenshot any aspect of our session unless there is discussion and verbal agreement from you. By signing this consent you consent to my screen capture of artwork and worksheets that you complete for treatment so that these images can be part of your records. However, I will always ask for verbal agreement before taking a picture and you may choose to decline. All images will be stored in my secure EHR, will be deleted from my device, and will not be shared with anyone else.

**Location During Session:** In accordance with state laws, you must be physically located in Texas during the time of the session. I will verbally verify your location at the beginning of each session. Please ensure that you are in a safe and private location during your session.

**Insurance Coverage for Telehealth:** You are responsible for verifying your insurance coverage for telehealth services and informing me of any necessary authorizations. All insurance providers require that services be provided by video; phone sessions are not covered. Any services not covered are the client’s financial responsibility.

**Minor Clients:** Parents are expected to ensure that their child has a safe and confidential space for session and be available to assist their child in accessing the telehealth platform as needed. During session parents should be available to come to the device and participate as needed or be available by phone so that therapist can contact them. Parents must agree to leave the room when requested so that the child or teen may have confidentiality during session. Parents should turn off any recording or monitoring programs on the device used during the session.

**Records:** All treatment records, including session notes, images of artwork and worksheets, and other written documentation about your treatment, are stored in an electronic health record (EHR) platform. This EHR is secure and meets HIPAA standards with multiple levels of protection, including FIPS 140-2 compliant encryption, multiple firewalls, and a SSAE 16 SOC 1 Type II, SOC 2 Type II, PCI-DSS, GLBA, and HIPAA audited data center. No recordings of sessions are made or stored in your records. In compliance with HIPAA standards, documentation is kept for at least 6 years after date of creation or after a minor client turns 18.

All other policies from the Consent for Services will apply, including fee and cancellation policies. All regular policies regarding between session communication apply for telehealth as well. Email/text/phone contacts between session should be used for scheduling and brief questions only. Please send all email to carolyn@therapywithcarolyn.com for secure communication. I will send encrypted emails unless you choose (in writing) to opt-out of the encryption.
I understand that I have the right to withhold or withdraw my consent to the use of Telemedicine services in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Carolyn Mehlomakulu at 512-660-7279 or carolyn@therapywithcarolyn.com.

I have fully read, understand, and agree to comply with the information provided above. I understand I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction.

My signature below indicates that I have read this Telemedicine Informed Consent and agree to its terms. I hereby consent to participating in psychotherapy via Telemedicine Services via an online HIPAA compliant telemedicine platform with the clinician listed below:

_____________________________  ____________________
Client Signature                    Date

_____________________________  ____________________
Parent/Guardian/Conservator Signature (if applicable)  Date

_____________________________  ____________________
Parent/Guardian/Conservator Signature (if applicable)  Date

_____________________________  ____________________
Therapist/Witness Signature        Date
TELEHEALTH INSTRUCTIONS

I use Doxy.Me as my telehealth platform. This is a secure, HIPAA-compliant program that allows us to have video calls on any computer, tablet, or smartphone. You will login through a web browser and do not need to download any special software.

To login go to - https://doxy.me/carolynmehlomakulu. Enter your name to “check-in” for your session. I will connect at the time of our session.

You will need a computer, tablet, or smartphone that includes a video camera and a microphone. You may wish to wear headphones during session in order to improve sound quality and increase your privacy. To improve our ability to connect and have a meaningful session, consider your picture quality and internet speed. Avoid sitting in front of a window or having a light behind you. Use a device with the largest screen possible to improve the picture. If you are using a phone or tablet, I recommend using a stand or finding another way to prop it up so that you do not have to hold it during the entire session. Aim to have the camera on your device near eye level for best eye contact.

Please ensure that you are in a room or location that is safe and private. Consider whether you need to lock your door or take other steps to avoid interruption. Be aware of how sound may travel through doors and walls. If you think someone outside the room may be able to hear your conversation, place a white noise device outside your room in the hallway to help mask the sound of talking to anyone passing by.

At the beginning of each session, I will ask you to verify your location and to share whether anyone else is present in the room.

To ensure the best possible internet connection, please close all other browser windows and any other programs that may be using the internet on your device. Sit as close to your wifi router as possible or plug-in directly with an ethernet cable. If you wish to check your internet connect, you can use an online service like https://speed.measurementlab.net/#/ or https://www.speedtest.net/. It is recommended that you have a minimum of 500 kb/s download and upload speed. A speed of 15Mbps download and 5Mbps upload is preferable to have a clear call.

If we are disconnected, we will do the following: I will attempt to re-connect the call. If that does not work, I will call you on the phone at the number you gave in your intake information forms. If I have trouble reconnecting or reaching out to you by phone, please call me directly at 512-660-7279 if we have been disconnected for 5 minutes. At times one of us may need to re-start our device or internet connection in order to improve the connection and avoid further disconnects.

For some therapy it may be recommended that we use handouts, worksheets, art materials, or play therapy games. You are not required to purchase anything, but we may discuss materials that would be recommended to have present during session. Handouts/worksheets will be sent to you by email or can be sent through a chat link during our call. Please store all art therapy pieces and all written materials in a private manner in order to protect your confidentiality. I recommend that you have a special folder and location to keep them. If you ever feel that you cannot keep handouts, writing, or art from therapy in a confidential manner, please let me know that you do not want to do them or find a way to dispose of them after session.