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INFORMATION, AUTHORIZATION & CONSENT OF TECHNOLOGY IN THERAPY

This document is to inform you about confidentiality, emergencies, and other details regarding your treatment using TeleMental Health. TeleMental Health is becoming more widely used, so using this technology needs an extra level of protection to avoid a breach in confidentiality. To provide you with the highest level of care, I have implemented several policies and protective measures to assure your Protected Health Information (PHI) remains confidential.

How to contact me:

I can be reached by phone **503-581-2351** or email at **mooney.patrick@comcast.net**
I will return your calls and email as soon as possible.

Emergency Procedures Specific to TeleMental Health Services

If you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate. I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees to take you to a hospital or Psychiatric Crisis Center. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

Please list your Emergency Contact Person here:

Name: _____ Phone: _____

You agree to inform me of the location where you are at the beginning of every TeleMental Health Session. If you are in crisis and your insurance plan limits reimbursement to only certain hospitals or emergency rooms, please list this preferred location below. If necessary, I will attempt to contact your ECP or other emergency services to transport you to this preferred location, if at all possible (only in a life-endangering crisis).

Hospital & location: _____
Phone: _____

Please initial that you have read this page: _____

If you are experiencing a life-threatening mental health emergency, contact me at: **971-267-7155** and leave a voicemail if I do not answer. Because technology sometimes does fail, I encourage you not to wait if you do not hear back from me in short order, but contact one of these resources below for immediate assistance:

Salem Crisis Center: 503-585-4949

Youth Hotline: 1-877-968-8491

Family Resource Hotline: 1-800-829-3777

National Crisis Line: 1-800-560-5535

Recovery/Addiction: 1-800-273-8255 or text 273Talk to 839863

Español Crisis: 1-888-628-9454

9-1-1 or go to the Emergency Room

Confidentiality protection:

We will use the following **safe words**: “**social security**” to indicate that someone is in the range of hearing our counseling session or that someone has entered your therapeutic space during the session and you wish to pause the conversation. I will then wait for you to re-initiate our conversation when you feel free to talk again.

If you wish to end the session early because your privacy becomes compromised, tell me you need to go and then contact me immediately by email or phone (listed at the top of the page) to let me know when you can reschedule the session.

In Case of Technology Failure:

If a technological failure occurs during our TeleMental Health session, the most reliable backup plan is to call one another via telephone. Please make sure you have a phone with you and I have that phone number. If we get disconnected from a session, please try to restart the session by the same means you entered the session. If we are unable to reconnect within ten minutes, please call me or text me at **971-267-7155**.

The Different Forms of Technology-Assisted Media Explained

Landline Telephone:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my cell phone. If this is not an acceptable way to contact you, please let me know.

Cell Phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party

Please initial that you have read this page: _____

was located when that call occurred. My cell phone is protected from discovery by facial recognition and password protection.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Also, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. If you happen to send me a text message, you need to know that I am required to keep a copy of all texts as part of your clinical record that address anything related to therapy.

E-mail:

E-mail is not a secure means of communication, and may compromise your confidentiality. Therefore, please do not bring up any therapeutic content via email. I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy. I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has firewall, anti-virus software installed, is password protected, etc. Please do not access the internet through a public wireless network). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see steps under “Emergency Procedures.”

Social Media- Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc.:

I do not use social media for client communications. It is my policy not to accept “friend” or “connection” requests from any current or former clients on any personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our professional relationship. Please refrain from contacting me using social media messaging systems such as Facebook messenger. These methods have limited security and I do not watch them closely.

Google, etc.:

It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me. If there is content on the Internet that you would like to share with me for therapeutic reasons, please bring it to your session.

Video Conferencing (VC):

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but also see each other on a screen. I utilize the site: <https://doxy.me/drjpmooney>. This VC platform is encrypted to the federal standard, HIPAA secure, and they have signed a HIPAA Business Associate Agreement (BAA) with me. The BAA means that Doxy.Me is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential.

If we choose to utilize this technology, you are responsible for initiating the connection with me at the time of your appointment. I strongly suggest that you only communicate through a computer, cell phone, or device that has a camera and that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected. Please do not access the internet through a public wireless network, etc.)

Please initial that you have read this page: _____

Recommendations to Websites or Applications (Apps):

During therapy, I may recommend that you visit certain websites for information or self-help. I may also recommend certain apps that could be of assistance to you. Please be aware that websites and apps may have tracking devices that allow others to know that you have visited these sites or applications. They may use your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information or if you prefer that I do not make these recommendations.

Your Responsibilities:

I encourage you to communicate only through devices that you know are secure (e.g., has a firewall, anti-virus software installed, is password protected, and is not an internet public wireless network, Virtual Private Network (VPN), etc.). It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology. Additionally, you agree not to record any TeleMental Health sessions. I also agree not to record any of our TeleMental Health sessions.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet, software, headset, etc. If you are unable to afford these, please let me know as we can discuss alternative options for care.

Limitations of TeleMental Health Therapy Services:

TeleMental Health both allows remote therapy and has its limitations. There is a risk of misunderstanding one another when communication lacks visual or voice cues. For example, if video quality is bad for some reason, I might not pick up on facial cues. If the sound quality is poor, I might not clearly hear the emotion in your voice that I could easily pick up if you were in my office. There may also be a disconnection (e.g., phone gets cut off or video drops). This can be frustrating and may interrupt the normal flow of personal interaction. Please know that I have the utmost respect and positive regard for you and your well-being. Please let me know if you think that I may be missing important information via telecommunication.

Consent:

In summary, technology is constantly changing, and there may be problems we do not fully understand at this time. Feel free to ask questions, and please know that I am open to any of your concerns.

You may stop your authorization to use any of these services at any time during therapy just by notifying me in writing.

Please print, date, and sign your name indicating that you have read and understand this form, agree to these policies, and authorize me to utilize TeleMental health technology with you.

Please also specify any technology you do not want included in your TeleMental health therapy:

Please initial that you have read this page: _____

I consent to the use of any technology described in this document unless I have specified otherwise below:

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Signature

Name

Date