

Journey 4 Hope Counseling Center, LLC

Douglasville, GA 30134

(404)-500-9177

Client's Name: _____ Insurance: _____ DOB: _____

INFORMATION, AUTHORIZATION, & CONSENT TO TELEMENTAL HEALTH

Thank you so much for choosing the services that we provide at Journey 4 Hope Counseling Center. This document is designed to inform you about what you can expect from us regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to TeleMental Health. TeleMental Health is defined as follows:

“TeleMental” Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, our therapists have completed specialized training in TeleMental Health. We have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline

It is important for you to know that even a landline telephone 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 us with that phone number, we may contact you on this line from our office or cellphone, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist know. Telephone conversations (other than setting up appointments) are billed according to fee policy. In the event you choose to conduct remote sessions with your therapist via video conferencing and there is an interruption in service connection, the use of telephone access (telephonic sessions) may be necessary to complete the session. There will be no difference in fee charge for any video and/or telephonic session as they are billed the same as in-person sessions.

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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 the call, how long the conversation was, and where each party was located when the call occurred. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you, typically only for purposes of setting up an appointment if needed. However, in the event you choose to conduct remote sessions with your therapist via video conferencing and there is an interruption in service connection, the use of cellphone access (telephonic sessions) may be necessary to complete the session. There will be no difference in fee charge for any video and/or telephonic session as they are billed the same as in-person sessions. Additionally, your therapist may keep your phone number in his/her cell phone, but it will be listed by your initials only and his/her phone is password protected. If this is a problem, please let your therapist know, and she/he will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed according to fee policy.

Text Messaging

Text messaging is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to text because it is a quick way to convey information. Nonetheless, please know that it is our policy to avoid use of this means of communication and limit the amount and content of communication through text messaging. Please do not send any text messages to your therapist that may contain therapeutic or private content to prevent compromising your confidentiality. If a text is sent to your therapist, you may not receive a reply message to the text message. This is dependent upon the content of text message and your therapist will use discretion and ethical responsibility when responding to text messages.

Email

Traditional email is not a secure means of communication and may compromise your confidentiality. However, you may contact your therapist through secure email by only using the email address provided @journey4hopecounseling.com and/or use the secure messaging system through Simple Practice client portal. We realize that people prefer to email because it is a quick way to convey information. Nonetheless, please know that it is our policy to utilize this means of communication for appointment confirmations or answer general operational questions without disclosing PHI. Please avoid bringing up any therapeutic content via email to prevent compromising your confidentiality. In lieu of traditional email, we recommend the use of Simple Practice secure message portal that is HIPAA compliant. You also need to know that we are required to keep a copy or summary of all emails as a part of your clinical record that address anything related to therapy.

We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g. has a firewall, anti-virus software installed, is password protected,

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not accessing the internet through public wireless network, etc). If you are in crisis, please do not communicate this to us via email because we may not see it in a timely manner. Instead, please see below under "Emergency Procedures."

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

It is our policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Twitter, etc. because it may compromise confidentiality and blur the boundaries of your relationship. Please refrain from making contact with us using social media messaging systems such as Facebook Messenger. These methods have insufficient security.

Google, Bing, etc

It is our policy not to search for our clients on Google, Bing, or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself with us as you feel appropriate. If there is content on the internet that you would like to share with your therapist for therapeutic reasons, please print this material and bring it to your session.

Video Conferencing (VC)

Video conferencing is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. We utilize Simple Practice and/or Doxy.me. These VC platforms are encrypted to the federal standard, HIPAA compatible, and has signed HIPAA Business Associate Agreement (BAA). The BAA means that Simple Practice and/or Doxy.me is willing to attest to HIPAA compliance and assumes responsibility for keeping your VC interaction secure and confidential. If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely. We also ask that you please sign on to the platform at least five minutes prior to your session time to ensure you and your therapist get started promptly. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment.

We strongly suggest that you only communicate through a computer device that you know is safe (e.g. has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.)

Website Portal

We do offer a client portal through Simple Practice, a secure Electronic Health Records software, that is HIPAA compliant. We will notify you and give detailed directions on how to access and utilize the system once you are scheduled an appointment. All necessary standards are met and a Business Associate Agreement (BAA) is in place with the EHR (Simple Practice) to meet requirements for HIPAA compatibility.

Faxing Medical Records

If you authorize us (in writing) via a "Consent & Authorization to Release Information" form to send your medical records or any form of PHI to another entity for any reason, we may need to

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fax that information to the authorized entity. It is our responsibility to let you know that fax machines may not be a secure form of transmitting information.

Recommendations to Websites or Applications (Apps)

During the course of your treatment, your therapist may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or 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 as adjunct to your treatment or if you prefer that your therapist does not make these recommendations.

Electronic Record Storage

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). We utilize Simple Practice, an Electronic Health Records (EHR) software, to store client records which is HIPAA compliant. In addition, we utilize a secure email system through hushmail to receive client forms that may contain PHI. Additionally, your PHI may be stored in an encrypted and secured electronic file stored on business devices. If your therapist is credentialed with and a provider for your insurance carrier, please know that we utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically through HIPAA compliant portals authorized by your insurance carrier.

Electronic Transfer of PHI for Certain Credit Card Transactions

We will utilize Simple Practice and/or Square as the company that processes your credit card information. These companies may send the credit cardholder a text or an email receipt indicating that you used that credit card at our agency, the date you used it, and the amount that was charged. This notification is usually set up two different ways- either upon your request at the time the card is ran or automatically. Please know that it is your responsibility to know if you or the credit cardholder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit card bill. The name on the charge will appear Journey 4 Hope Counseling Center or Carol Huff.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is 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 that you are interacting with.

Additionally, you agree not to record any TeleMental Health sessions Communication Response Time. We are required to make sure that you're aware that we abide by the Eastern Standard

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Time. Our practice is considered to be an outpatient agency, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry pagers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls and email within 24-48 hours. However, we do not return calls or emails on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below:

In Case of an Emergency:

Call 911

Visit your local Emergency Room

Call Georgia Crisis Assessment Line at 1800-715-4225

Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.

We require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please ensure you have included emergency contact on the demographics form. Either you or we 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 we determine necessary, the ECP agrees to take you to the hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances above.

Limitations to TeleMental Health Therapy Services

TeleMental Health is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your therapist might not see a tear in your eye. Or, if audio quality is lacking, he or she may not hear the crack in your voice that he or she could have easily picked up if you were in office.

There may also be a disruption to the service (e.g. phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in anyway, and we strongly encourage you to let your therapist know if something she or he has done or said upsets you. We invite you to keep communication with your therapist open at all times to reduce any possible harm.

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Consent to TeleMental Health Services

Please sign below indicating that you are authorizing the use of TeleMental Health services as a part of your treatment or administrative purposes. You and your therapist will ultimately determine which modes of communication are best for you. Most of the items described above are built-in to our practice and we will be utilizing that technology unless otherwise negotiated by you. You will be notified should any changes occur, or additions be made to the use of technology resources before applying them to your treatment.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing us to utilize TeleMental Health methods discussed.

Client Name (Please Print)

Date

Client's Signature

If Applicable:

Parent/legal guardian

Date

Provider signature

Date