



CONSENT FOR TELEMENTAL HEALTH SERVICES

This form is to be used in conjunction with, but does not replace the signed Service Agreements and Informed Consent for Treatment, that is required for all clients receiving services from Pathways to the Heart..., LLC.

WHAT IS TELEMENTAL HEALTHCARE?

Telemental health is a subset of telehealth services that uses online, interactive videoconference software to provide mental health services from a distance. Telemental health includes terms such as telepsychology, telebehavioral health, online counseling, and distance counseling. Some insurance companies in CT and many other states are required by law to cover telemental health services (though you would need to check your plan first). Telehealth does not include the use of fax, audio-only telephone, e-mail, or videotelephony products such as FaceTime and Skype.

SOME POTENTIAL RISKS OF TELEMENTAL HEALTH

- Technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions
- Must electronically share and sign practice and consent forms and accept risks that come with transmitting information and documents over the internet

BENEFITS OF TELEMENTAL HEALTH

- Less limited by geographical location and transportation concerns
- Decrease in travel time and ability to meet virtually, such as during inclement weather conditions, and/or decreasing exposure to illness, etc., when needed.
- Ability to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable.

ELIGIBILITY

Pathways to the Heart..., LLC, is only able to provide telemental health services to clients located in Connecticut, where Ashlie Befus, LMFT, M.Ed, CST, holds a valid license as Marriage and Family Therapist. As Telemental health may not be the most effective form of treatment for certain individuals or presenting problems, it will only be used after you are already an established and known client of Pathways to the Heart..., LLC. Also, telemental health in this practice will be used only if face-to-face sessions are not ideal for a particular time, as indicated above, and if both you and your therapist agree to temporarily use telemental health services.



PRIVACY AND CONFIDENTIALITY

The current laws that protect privacy and confidentiality also apply to telemental health services. Exceptions to confidentiality are described in the Informed Consent for Therapy (including the Limits of Confidentiality and the Privacy Policies). All existing laws regarding client access to mental health information and copies of mental health records apply. Telemental health services are provided through the HIPAA compliant, secure software called doxy.me. No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store video from sessions.

CLIENT EXPECTATIONS DURING TELEMENTAL HEALTH SESSIONS

- Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers.
- Internet connection with at least 750kb/s download and upload speeds.
- Access to Google Chrome, Mozilla Firefox (latest release versions), or other web browsers.
- Proper lighting and seating to ensure a clear image of each party's face.
- Dress and environment appropriate to an in-office visit.
- Engage in sessions in a private location where you cannot be heard by others (headphones can also help with increased privacy).
- Only agreed upon participants will be present; the presence of individuals unapproved by both parties could be cause for termination of the session.
- Client must disclose the physical address of their location (especially if different from the one on file), at the start of the session; unknown locations be cause for termination of the session. As your therapist needs to know you are in a safe location and where you are in case of an emergency.
- Client shall provide a phone number where they can be reached in the event of service disruption (especially if different from the one on file).

EMERGENCY PROTOCOL

Client is to provide the name and contact information for a local emergency contact (if different from one you have on file). In the case of a mental health emergency during a telemental health session where a client is at imminent risk of harming themselves or someone else, Ashlie Befus, LMFT, M.Ed, CST, will contact the client's local emergency services. As such the contact information for the client's nearest emergency room will need to be known based on the location of the client at the time of the service. Any Release of Information forms you wish to add and/or are already in your record will be used to contact necessary entities of your choosing; unless confidentiality must be breached to protect the safety of the client or another identified individual.

PAYMENT PROCEDURES

Payment for telemental health services will be the same as if you were doing a face-to-face session in the office of Pathways to the Heart...LLC. You are required to see if your insurance company covers telemental health, and like in the office you are required to pay copays, deductibles, or the full session rate based on your previously signed



Attendance and Billing Procedures. The credit card placed on file will be charged following each telemental health session. It is up to the client to notify Ashlie Befus, LMFT, M.Ed, CST, before the end of the session if they wish to use a different credit card for payment or change their credit card on file.

CONSENT FOR TELEMENTAL HEALTH TREATMENT

I hereby consent to engage in telemental health services with Pathways to the Heart LLC, under Ashlie Befus, LMFT, M.Ed, CST. I understand that telemental health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications, similar to that of face-to-face sessions. I understand that telemedicine also involves the communication of my medical and mental health information (such as to insurance companies; refer to prior Informed Consent documents). I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Client Signature

Printed Name of Client

Client Signature

Printed Name of Client

Parent/Guardian signature (if needed)

Date