

As a client or patient receiving behavioral services through telehealth technologies, I understand:

- Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner/therapist and a client/patient who are not in the same physical location.
- License regulations require that I must be physically located within the State of Maryland during all video conferencing sessions
- The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

## **Software Security Protocols:**

- Finding Hope, LLC utilizes Spruce Health, a HIPAA compliant communication application (app) for phone, text/SMS, video calls, and fax services. Spruce meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. I will not have to purchase a plan when you "join" our online meeting.
- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.
- I understand that contacting the practitioner/therapist outside of a secure conversation on the Spruce app (indicated by a lock icon), the conversation may not be confidential.

#### Benefits & Limitations to Telebehavioral Health:

- This service is provided by technology (including but not limited to video, phone, text, apps and email) and does not involve direct face to face communication. There are benefits and limitations to this service.
- Clinical risks include not feeling comfortable interacting with the practitioner via an electronic device, difficulties in interpreting non-verbal communication, and limited access to resources during a mental health emergency.

#### Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.
- I will need to download the Spruce Health app to my smartphone or tablet and enable notifications in order for the practitioner to contact me securely.

## Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.
- During my telebehavioral health consultation, details of my medical history and personal health information
  may be discussed with myself or other behavioral health care professionals through the use of interactive video,
  audio or other telecommunications technology.

#### Self-Termination:

• I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.

# Risks of Technology:

 These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

#### Modification Plan:

• My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

# **Emergency Protocol:**

- In emergencies, it may be necessary to communicate by other means. If an emergency occurs during a video session and the video call is disconnected by any means, the provider will call me at the following phone number and I agree to answer the call.
- I understand that if I am experiencing what the practitioner has assessed to be a mental health emergency (i.e. I am a danger to myself or others), the provider may need to call 911 and summon the police and/or an ambulance to my location.
- I agree to contact my practitioner via phone in case of an emergency, and to seek other means of help if I cannot reach my practitioner immediately.
- I agree to seek care immediately either by contacting my primary care physician, going to your nearest hospital emergency room, or by calling 911.

## Disruption of Service:

• Should service be disrupted, my provider will attempt to reach me at the above phone number. If the session cannot be continued, the video session will be rescheduled.

My practitioner will respond to routine phone, text/SMS, or email communications within 48 hours.

#### Client Communication:

- It is my responsibility to maintain privacy on the client end of communication.
- I agree to utilize security services on my device, such as a password or fingerprint ID.

Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

# Laws & Standards:

• The laws and professional standards that apply to in-person behavioral services also apply to telehealth services.

This document does not replace other agreements, contracts, or documentation of informed consent.

By signing this document, you are declaring your agreement with the following statement:

I have read this document in its entirety and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks, limitations, and benefits of Telebehavioral health video conferencing. I agree to Telebehavioral health sessions

Signature of Client or Legal Guardian	Date	
Client Printed Name		
Signature of Practitioner	 Date	
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