



Meridian HEALTH

1325 Airmotive Way
Suite 240

Reno, Nevada 89502
(775) 737-9001 phone
(775) 870-1628 fax

Telemental Health/Online Counseling

Meridian Health is proud to offer Telehealth mental health services. This is an option for many of our clients who cannot present in person for a variety of reasons, including illness or injury, weather, work/scheduling limitations, geographical distance (e.g., living in another county). Some restrictions apply, please consult our front office staff for details if you are interested in this service line.

I understand that Telehealth services include consultation and treatment using interactive audio, video, telephone, and data communications. I understand that my rights are no different than if I were attending therapy in person, and are reflected in the initial Therapeutic Consent and Client Contract; however, some exceptions exist:

- Meridian Health utilizes a HIPAA compliant Telehealth platform that is secure and encrypts file sharing, video, and audio
- You are responsible for ensuring privacy and confidentiality on your end of the transmission. This is best accomplished by finding a quiet, private room for your session. We cannot guarantee your privacy based on where you decide to conduct your session
- The laws that protect the privacy and confidentiality of your medical record, also apply to video-based counseling services
- In an effort to reduce technical issues you agree that you will be required to download and test your device and internet connection with the approved HIPAA compliant software (Therapy Notes) prior to your first session
- Sessions are not to be recorded in any way without prior written consent by yourself and/or your therapist

If you are planning on scheduling Telemental Health/Online Counseling with Meridian Health, please provide the information requested and/or initial each item. By signing this document, you enter into an agreement that allows you to attend sessions via telephone or online with Meridian Health and its providers.

When scheduling a Telemental Health/Online Counseling session, please include a telephone number and email address so Meridian Health will be able to reach you in case the session is disconnected. If we are unable to reach you due to technological issues, Meridian Health will continue to try to reconnect or call you back every 5 minutes until the end of the session time. In the event we cannot reconnect with you, we will attempt to call you back at a later time to reschedule the rest of your session. It is Meridian Health's policy to continue sessions that have been interrupted due to technological issues until you



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have received your full 45-to-60-minute session, even if we need to continue the session at a later time or another day.

Telephone

Email Address

It is your responsibility to be mindful of your own data coverage plan. Meridian Health is not responsible for expenses incurred due to coverage overages.

_____ (Initial that you have read and understand the above statement)

Meridian Health is using TherapyNotes which is a secure HIPAA compliant therapy platform designed to allow video counseling session with you. Although everything has been done to ensure privacy, it is your responsibility to ensure that your end of the data will be secure. This may mean clearing your browser history after each session.

_____ (Initial that you have read and understand the above statement)

Please provide the name of a person and a telephone number that Meridian Health can contact in the case of an emergency.

Name

Telephone Number

What county do you live in and what address will you be using for the online counseling session.

County

Address



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If there is a concern that you are at risk to yourself or others, Meridian Health reserves the right to contact the county authorities for the county in which you reside and request a “wellness check.”

_____ (Initial that you have read and understand the above statement)

Because Meridian Health is licensed in the State of Nevada only, you agree that you will be physically located in the State of Nevada when receiving Telemental Health/Online Counseling Services.

_____ (Initial that you have read and understand the above statement)

Meridian Health will submit telehealth claims to your insurance, but this doesn’t mean that the insurance company will accept the claims, I agree to pay any and all costs not covered by the insurance companies.

_____ (Initial that you have read and understand the above statement)

By signing below, you agree that you have read (or someone read to you) all of the above sections of the Telemental Health/Online Counseling consent addendum and that you understand the limitations associated with participating in this type of therapy sessions under the terms described in the document.

Client Signature

Date

Print Name