INFORMED CONSENT ADDENDUM FOR TELEMENTAL HEALTH

This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services.

What is Telemental Healthcare?

Telemental healthcare includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making through the use of internet-based videoconferencing. Telehealth psychotherapy may include psychological health care delivery, consultation, coaching, and/or counseling. Telehealth psychotherapy will occur primarily through interactive audio, video, and telephone communications.

Risks of Telemental Health

1. Technological failure, such as unclear video, loss of sound, poor connection, or loss of connection. 2. Nonverbal cues are less readily available to both the therapist and the client.

Benefits of Telemental Health

1. Less limitations by geographical location. 2. Reduction of travel to a physical office, which includes decrease in travel time. 3. Participation in therapy from your own home or the environment of your choosing.

Telemental health delivery by Linda Macek LCSW-C, LIfe Changes Counseling LLC, may occur only with current residents of Maryland. The current laws that protect privacy and confidentiality also apply to telemental health. Any exceptions to confidentiality are described in the Informed Consent document.

All existing laws regarding client access to mental health information and copies of mental health records apply.

No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store videoconference sessions or face-to-face sessions.

Expectations of client during each session

1. Minimum bandwidth connection of 384 kb or higher. 2. Minimum resolution of 640x360 at 30 frames per second. 3. Operational web camera (HD 1080p is recommended). 4. Proper lighting and seating to ensure a clear image of each party's face. 5. Dress and environment appropriate to an in-office visit. 6. Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session. 7. Valid ID must be presented by the client during the initial consultation. In addition, a copy must be provided by the client for the medical file. 8. The client must disclose the physical address of their location at the start of the session. Unknown locations will be cause for termination of the session. 9. The client shall also provide a phone number where they can be reached in the event of service disruption. 10. Private location to ensure confidentiality.

Telemental health may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, an appropriate referral will be made. If it would be beneficial for occasional face-to-face sessions with Linda Macek LCSW-C, this will be discussed as part of the treatment plan and the client has the right to refuse such a recommendation. This may result in a referral to another provider as well. All referrals will adhere to the Maryland Social Work Code of Ethics.

Emergency protocol

Client is to provide the name and contact information for an additional person in case of emergency. In addition, in the event of a medical or mental crisis event, Linda Macek will contact the client's local emergency services. The contact information for the client's nearest hospital will be on record in the event an admission is necessary to address a client emergency. The information provided will include the nature of the crisis and immediate needs of the client.

Response to technical difficulties

Should technical difficulties cause session disruption, I will contact the client via preferred telephone contact. If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session.

Payment

Session costs are outlined in the Informed Consent. Payment for services is to be made at, or prior to, the time of service via Paypal or CC or check. See the Informed Consent for a more detailed discussion of session cost and payment.

Contact between sessions

Telephone contact can be made in between sessions for the purposes of scheduling or other needs. Videoconference technology is reserved for therapy sessions only. Please refer to the Informed Consent document for cost of contact outside of scheduled videoconference sessions.

Consent to Treatment

I, voluntarily, agree to receive Telemental Healthcare assessment, care, treatment, or services and authorize Linda Macek LCSW-C to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Linda Macek at any time.

By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

_____ _____ Name of Client or Legal Representative Relationship to client

_____ _____ Signature of Client or Legal Representative Date

Please send a copy of the therapist-signed addendum to any of the following:

Address: _____

Email address: _____
(only include email address if you are authorizing this as an acceptable means of communication)

Therapist

_____ Date_____

Linda Macek LCSW-C

EMERGENCY CONTACT_____PHONE_____

HOSPITAL_____PHONE_____

HOSPITAL_____PHONE_____