



Telemental Health Informed Consent

The following information is presented to clients who will take part in telemental health services. Family Houston is temporarily transitioning to distance counseling to enact the social distancing recommendation made by the local authorities. This document covers your rights, benefits and risks associated with receiving services, policies, and grants your authorization. Please read this document carefully and note any questions you would like to discuss.

Client's Rights

- You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with the names of other qualified therapists.
- You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual method of psychotherapy practices with you.
- You have the right to refuse the use of any therapeutic technique. I will inform you if I intend to use any unusual procedures and explain any risks involved.
- You have the right to learn about alternative methods of treatment. I will discuss these with you during our work together.
- Telemental health services are not appropriate for all clients. Generally, those who are experiencing suicidal ideation or altered mental status are not appropriate. Should telemental health services not be a good fit for you, I will assist you in finding alternative options.

Benefits and Risks

Telemental health refers to psychotherapy services that occur via phone or video conferencing. All of our interactions will fall under this term. When using technology there is always the risk of security issues, as well as technical issues (phone not charged, computer or software not working, etc.). You will develop an individualized plan for how best to address technical issues that may arise and will take steps to facilitate the security of interactions with your therapist. In addition to the identified risks, there are several benefits that come from using technology. For instance, it allows therapists to connect with people who may otherwise not be able to access services, there is an opportunity for more flexibility in scheduling, and convenience in being able to connect from a space of your choosing. In order to protect your confidentiality and to facilitate the security of your information as much as possible, here is a list of recommendations:

- Engage in sessions in a private location where you cannot be heard by others
- Use a private phone or computer
- Do not record any sessions
- Password protect any technology you will be interacting with your therapist on
- Always log out or hang up once sessions are complete
- To avoid others knowing we have connected, your therapist will be contacting you from a blocked number.

Technology Protocols

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.

- 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.
- 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.
 - The 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.

Emergency Management Plan

Family Houston does not provide emergency services. In the event of an emergency, it is imperative you are aware of resources in your area. As a precaution, please identify a nearby emergency hospital below. In addition, you will need to provide information for an emergency contact person.

Hospital Name:	
Hospital Address:	
Hospital Phone:	

Emergency contact name:	
Emergency contact relationship:	
Emergency contact phone number:	

Disruption of Service

In the event that our communication is disrupted during our session, the following are alternative means of communication:

Alternate phone number:	
Email address:	
Other:	

Laws & Standards

The laws and professional standards that apply to in-person behavioral services also apply to telemental health services. This document does not replace other agreements, contracts, or documentation of informed consent.

Confirmation of Agreement

I authorize evaluation and treatment via telemental health services. I acknowledge that I may request a copy of this informed consent agreement. It is agreed that either one of us may discontinue treatment at any time.

Client Printed Name

Signature of Client or Legal Guardian

Date