

## Greatland Clinical Associates Tele-Behavioral Health Services Informed Consent

This Informed Consent for Tele-Behavioral Health services (TBH) contains important information on obtaining services using telecommunications technologies (i.e. phone, mobile devices, videoconferencing, the Internet, etc.) Please read this carefully, and let me know if you have any questions.

### **Benefits and Risks of Tele-Behavioral Health**

Tele-Behavioral Health (TBH) refers to providing psychiatric, psychotherapy, and related services remotely using telecommunications technologies. One of the benefits of TBH is that the client and clinician can engage in services without being in the same physical location. Tele-Behavioral Health does require technical competence on both our parts to be helpful. Although there are benefits of TBH there are some differences between in-person sessions and TBH, as well as some risks. For example:

- Risks to confidentiality. Because TBH sessions take place outside of the provider's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. **It is important for you to make sure you find a private place for our meeting where you will not be interrupted and can remain focused on the session.** It is also important for you to protect the privacy of our session on your cell phone, computer or other device. You should participate in TBH only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact TBH. For example, technology may stop working during a session, other people might obtain access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Efficacy. Most research shows that TBH is about as effective as in-person meetings. However, some providers believe that something is lost by not being in the same room. For example, there is debate about a provider's ability to fully understand non-verbal information when working remotely.

### **Electronic Communications**

We will decide together which kind of TBH service to use unless factors outside our control dictate otherwise. You may need certain computer or cell phone systems to use TBH services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in TBH.

You should be aware that I cannot guarantee the confidentiality of any information communicated electronically (e.g., by email). If you and I agree to communicate by email, it's important to know that I do *not* regularly check my email, nor do I respond immediately, so these methods should *not* be used if there is an emergency.

### **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of TBH. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for TBH sessions and having passwords to protect the device you use for TBH).

Please let me know if you have any questions about exceptions to confidentiality.

### **Emergency or Crisis Procedures:**

Assessing and evaluating threats and other emergencies can be more difficult when conducting TBH than in traditional in-person appointments. To address some of these difficulties it's important to provide emergency support contact information and agree to follow the recommendations outlined in this document.

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If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency that could result in harm to you or another person, do not call me back; instead call 911, contact your local primary care provider, or go to the nearest emergency services in your current location. Contact me after you have called or obtained emergency services. I recognize my TBH provider will *not* be able to render any emergency assistance if I experience a crisis.

It's important that you provide a name and contact information for a trusted person who I can contact if I believe it necessary to better support you in your current location. Therefore, knowing where you are located for each session is important. In addition, I need to know if you are located out of state for any TBH session.

Please note, this emergency contact may be the same or a different person from the emergency contact you initially provided to GCA. If this individual is not the same person please complete the contact information below.

**Emergency Support Contact Information**

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Name

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Relationship

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Phone Number

I am aware my practitioner may contact my emergency support person and/or local authorities in case of an emergency or other concern(s) about your or another person's safety.

**Non-Emergency Procedures for Session Interruption**

If the session is interrupted and you are *not* having an emergency, disconnect from the session and attempt to re-contact via the TBH platform. If this is not successful, then implement the previously agreed upon plan we develop together in the case of appointment disruptions.

**Fees**

Generally, the same rates will apply for TBH as apply for in-person services. However, insurance or other managed care providers may *not* cover sessions that are conducted via telecommunication. If your insurance, third-party payor, or other managed care provider does not cover TBH appointment, you will be solely responsible for the entire fee. Please contact your insurance company prior to engaging in TBH sessions in order to determine their coverage for TBH sessions. Please note, Medicaid and Medicare are contracted exceptions. **If you have Medicaid and/or Medicare you will not be responsible for fees denied by them.** Also, arriving for appointments on-time is crucial for successful therapeutic outcomes. **Missed appointment or late cancellation fees may apply as outlined in the intake paperwork.**

**Records**

The TBH sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

**Informed Consent**

I acknowledge that I have read and understood the above description of risks and responsibilities involved with TBH participation. Your signature below indicates agreement with its terms and conditions.

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Print Name

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Signature

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Date