

*Family Psychiatric Services, LLC*

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## **CONSENT FOR TELEMENTAL HEALTH SERVICES**

### **What is Telemental Healthcare?**

Telemental Health is a subset of telehealth services that uses online, interactive videoconference software to provide mental health services from a distance. Telemental health includes terms such as telepsychology telebehavioral health, on-line counseling, and distance counseling. Private insurances in CT and many other states are required to cover Telemental health services. Telehealth does not include the use of fax, audio-only telephone, email, or videotelephony products such as FaceTime and Skype.

### **Some potential risks of Telemental Health:**

- Technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection.
- Nonverbal cues might be more difficult to observe and interpret during provider and client interactions.
- Must electronically share and sign practice consent forms and accept risks that come with transmitting information and documents over the internet.

### **Benefits of Telemental Health:**

- Less limited by geographical location and transportation concerns
- Decrease in travel; time and ability to meet virtually during inclement weather or when sick
- Ability to participate in treatment from your own home or other environment where you feel safe, secure and comfortable.
- Eligibility

Family Psychiatric Services, LLC (FPS) is only able to provide Telemental health services to patients located in Connecticut where the provider holds a valid license. Clients must be in the state that the provider is licensed in. Telemental health may not be the most effective form of treatment for individuals. If it is believed that the client would not benefit from the use of Telemental health, the provider has the right to utilize a more appropriate treatment modality. FPS will be utilizing Telemental health services as a supplement of clients' current treatment. This is meant to meet needs for clients during inclement weather, illness or other reasons that impeded on a patient's ability to have an in-office visit. Telemental health treatment at FPS is not intended to replace traditional in-office care. It will be up to the treatment provider and patient to decide if Telemental health is an appropriate modality for treatment.

**Privacy and Confidentiality:**

The current laws that protect privacy and confidentiality also apply to Telemental health services. Exceptions to confidentiality are described in the Notice of Privacy Practices that FPS uses. Telemental health services are provided through a HIPAA compliant and secure platform. No permanent video or voice recordings are kept from Telemental health sessions. Client may not record or store video from sessions.

**Client 's requirements during Telemental health sessions:**

- MAC/PC/Chromebook, smartphone or tablet with camera, microphones and speakers
- Internet connection with at least 750kb download and upload speeds
- Access to Google Chrome or Mozilla Firefox web browsers
- Proper lighting and seating to ensure a clear image of the party's face
- Engage in sessions in a private location where you cannot be heard by others
- Only previously agreed upon participants will be present (discussed prior to session)
- 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 (due to safety requirements)
- Client shall provide a phone number where they can be reached in the event of a service disruption or emergency

**Emergency Protocol:**

- Client is to provide the name and contact information for the local emergency department and contact information for the location emergency contact. In the case of a mental health emergency during a Telemental health session where a client is at imminent risk of harming themselves or someone else, your provider will contact the client's emergency services. The contact information for the client's nearest emergency room will be on record. Release of information forms will be completed for necessary entities unless confidentiality must be breached to protect the safety of the client or another identified individual.

**Payment Procedures:**

- Client will still be required to pay copay/coinsurance/deductible amounts for Telemental health services at the time of service. Methods for paying include PayPal or Stripe, and the amount for each service will be communicated at the beginning of the session.

**Consent for Telemental Health Treatment:**

- I hereby consent to engage in Telemental health services with FPS. I understand that Telemental health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive video and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withdraw consent at any time without affecting my right to future care of treatment.

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Signature/Date (expires after 1 year)