

CONSENT FOR TELEHEALTH 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, online counseling, and distance counseling. Private insurance companies in CT and many other states do cover telemental health services, however this coverage does vary and, at times, is not covered. Client is responsible for checking plan coverage. Telehealth **does not include*** the use of fax, audio-only telephone, e-mail, or videotelephony products such as FaceTime and Skype. **Exception was made by executive order during COVID-19 emergency for audio-only telephone.*

PROVIDER LICENSE INFORMATION

Kathryn Gelinias, MA, LPC, LMHC Professional Counselor, Connecticut license #3103,
Mental Health Counselor, Massachusetts license #12503

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 therapist and client interactions
- Must electronically share and sign practice and 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 conditions
- Ability to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable

ELIGIBILITY

Undivided Soul LLC is only able to provide telemental health services to clients **physically located in Connecticut or Massachusetts** at the time of service, where Kathryn Gelinias holds valid licenses as a professional counselor (LPC) and mental health counselor (LMHC). Clients must present a valid ID during the initial consultation and provide a copy for the medical file. 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 better from another form of service (e.g. face-to-face sessions) or another provider, an appropriate recommendation will be made.

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. 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 video from sessions. "Telehealth by SimplePractice" is the technology service used to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. The Telehealth by SimplePractice Service facilitates videoconferencing and is itself not responsible for the delivery of any healthcare, medical advice or care.

CLIENT EXPECTATIONS DURING TELEMENTAL HEALTH SESSIONS

- Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers
- Secure Internet connection with at least 10mbps speed
- Access to Chrome, Safari, or Firefox (latest release versions) web browsers
- Proper lighting and seating to ensure a clear image of each party’s face
- Dress and environment appropriate to an in-office visit
- Engage in sessions in a private location where you cannot be heard by others
- Only agreed-upon participants will be present; the presence of individuals unapproved by both parties will be cause for termination of the 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
- Client shall provide a phone number where they can be reached in the event of service disruption

EMERGENCY PROTOCOL

Client is to provide the name and contact information for a local 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, the therapist will contact the client’s local emergency services. The contact information for the client’s nearest emergency room will also 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 as outlined in Consent for Treatment and Notice of Privacy Practices.

* Provide the name and contact information of an emergency contact who is most likely to be available in case of an emergency during telehealth sessions (such as a trustworthy friend, relative, or neighbor)

Emergency contact: Name/relation: _____

Phone: _____

* Provide the name of your nearest preferred hospital or emergency room: _____

CONSENT FOR TELEMENTAL HEALTH TREATMENT

I hereby consent to engage in telemental health services with Kathryn Gelinis LPC. I understand that telemental health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, 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 withhold or withdraw consent at any time without affecting my right to future care or treatment.

Client Signature: _____

Date: _____

Printed Name of Client: _____

Physical Home Address : _____