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### **Informed Consent for Mental Health Treatment using Telehealth Tools and Videoconferencing**

When needed and agreed upon between myself and my mental health clinician, I consent to using telehealth technology for communication. I understand that Soul Work Counseling's *"Telemedicine/Telehealth Technologies Policy for Mental Health Practice"* document can be made available to read upon my request.

- 1) I understand that Soul Work Counseling uses HIPAA compliant videoconferencing software/Internet applications (e.g., Spruce or Doxy). I understand this to mean that videoconference sessions with my clinician are not recorded or electronically stored. Written progress notes can be requested, per usual.
- 2) I understand that videoconference sessions are billable to insurance at the same rate as in-person session appointments depending on the time spent and type of service. I am responsible for co-pays, deductibles, or for the entire session cost if I am paying out-of-pocket for services at Soul Work Counseling, in the same way that I am financially responsible for in-person session appointments.
- 3) I understand that, if I am leaving the state of Minnesota, even for a brief period of time, and would like to pre-schedule telehealth videoconferencing appointments with my clinician, I need to inform my clinician well beforehand of that travel location. Other state laws need to be consulted and followed for telehealth procedures well in advance.
- 4) If, for any reason, my clinician believes that an evaluation, diagnosis, or treatment for me will be too complicated for a videoconferencing appointment or other type of telehealth interaction, then I understand that a request will be made for an in-person appointment between me and my clinician.
- 5) I understand that telehealth technology of faxing, emailing, and audio only phone calls are not typically billable to insurance companies. However, under certain circumstances, I may be charged for these services if a significant amount of work is required. I will be informed of the approximate charge beforehand in order to provide consent.
- 6) I understand that emails, text messages, and cell phone calls/voice mail messages do not provide sufficient confidentiality. I may put things in writing to my clinician or leave voice mail messages, and request that they do the same; however, Soul Work Counseling cannot guarantee that security will never be breached. If a breach does occur, I understand that I will be notified as soon as possible by Soul Work Counseling (once details are known), if I am affected by the breach.
- 7) I understand that, if it is ever determined during telehealth communication that I require a referral to an acute care facility due to a mental health emergency, my clinician may have to contact my documented emergency contact(s) to help with transportation/admitting to an acute care facility, or a possible call to first responders (e.g., police) will be made, if needed.

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Client or Guardian Signature

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Date