



## THRIVE COUNSELING OF IDAHO

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### **Informed Consent for TeleMental Health Services:**

*The following information is provided to clients who are seeking TeleMental health therapy. This document covers your rights, risks and benefits associated with receiving services, my policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign:*

- **TeleMental Health Defined:** *TeleMental Health (also called Telehealth) means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to telephone, video, internet, a smartphone, tablet, PC desktop system, or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous secure video chatting is the preferred method of service delivery.*
- **Limitations of TeleMental Health Therapy Services:** *While TeleMental health offers several advantages such as convenience and flexibility, it is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see various details such as facial expressions. Or, if audio quality is lacking, I might not hear differences in your tone of voice that I could easily pick up if you were in my office.  
Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, I will take every precaution to insure a technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider using a “do not disturb” sign/note on the door. The virtual sessions must be conducted on a Wi-Fi connection for the best connection and to minimize disruption.*
- **In Case of Technology Failure:** *I understand that during a TeleMental health session we could encounter a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, we can continue via telephone. Please make sure that you have a phone with you and that I have your phone number. If preferred, we can also reschedule.*
- **Structure and Cost of Sessions:** *I offer in-person psychotherapy when appropriate and available. However, based on your or my ability to make in-person sessions, virtual psychotherapy is possible if your treatment needs determine that TeleMental health services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, TeleMental health, or both. We will discuss what is best for you. Please remember that your insurance company may not cover therapy via phone or video. We are both responsible for understanding your mental health benefits. Please contact your insurance provider to verify coverage via TeleMental health as the cost of sessions are ultimately your responsibility and you may be charged if your insurance provider does not cover your services.  
The structure and cost of TeleMental health sessions are exactly the same as face-to-face sessions occurring in my office. For private pay clients or insurance clients responsible to make a co-payment or co-insurance payment, I require a credit card ahead of time for TeleMental health therapy for ease of billing. Your credit card will be charged after each TeleMental health interaction.*
- **Email:** *Email is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations; or, to provide information related to scheduling appointments; and, at times, to provide resources if we’ve discussed the transmission prior to me sending. Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.*

*I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see below under "Emergency Management Plan".*

- **Social Media:** *If you choose to follow me on social media please do not reference our work together because it may compromise your confidentiality and blur the boundaries of our relationship. If this occurs I will block you from social media sites. Please only follow me if you are comfortable with the general public being aware of the fact that your name is attached to my name, a known mental health care provider. Please refrain from contacting me using social media messaging systems such as Facebook Messenger or Twitter. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.*
- **Cancellation Policy:** *In the event that you are unable to keep your mental health appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you may be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.*
- **Emergency Management Plan:** *I will see you in the event of a crisis if available. If I am unavailable I/or my office will provide the contact information of a colleague within my agency. If my colleague or I are unavailable in the event of an emergency, it is imperative you are aware of resources in your area and you access other resources, if necessary. In the case of emergency, you need to call 911 or go directly to your local hospital.*

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***I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my user ID, password, and/or connectivity link. I shall not allow another person to use my user ID or connectivity link to access the services. I also understand that I'm responsible for using this technology in a secure location so that others cannot hear my conversation.***

***I understand that there will be no recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.***

*I, voluntarily agree to receive online therapy services for an assessment, continued care, treatment, or other services and authorize my therapist to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through my therapist at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information.*

**I consent to the use of the following forms of communication via technology:**

- Texting
- Email
- Fax
- Document Sharing via Email
- TeleMental Health Services (i.e. remote psychotherapy)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, Guardian or Legal Representative Signature

\_\_\_\_\_  
Date

*My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.*

\_\_\_\_\_  
Psychotherapist, Thrive Counseling of Idaho

\_\_\_\_\_  
Date