Health Affiliates Maine

Telecounseling Informed Consent

Client Name:_____Date of Birth:_____

Location of Client: _____

Introduction:

Telecounseling or teletherapy is the delivery of counseling or therapy services using interactive video conferencing. In the event interactive video conferencing is unavailable telephonic services may be utilized via telephone communication. Telecounseling enables a therapy provider at a distant location to provide consultation, assessment, and treatment to me. I understand that this consultation will not be the same as direct client/therapist visit. Telecounseling will allow me to receive outpatient therapy without the need to visit the office and travel long distances.

During the telecounseling consultation:

- Details of my mental health history, medical history, and current psychological symptoms will be discussed.
- Non-medical personnel may be present to assist in operating conferencing equipment, if needed.
- I will be informed about who is present in the office.

Expected Benefits:

- Improved access to outpatient therapy by enabling a client to remain in his/her home, a local HAM office, or their primary care provider's office.
- More efficient mental health evaluation and management.
- Obtaining expertise of a distant specialist.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telecounseling. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images, poor phone reception) to allow for appropriate decision making or treatment by the mental health provider;
- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment;
- Security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete mental health records may result in adverse treatment reactions or judgment errors.

Alternatives to the use of telecounseling:

- Traditional face to face sessions in our office: I understand that as part of my benefits MaineCare will pay for my transportation to and from these traditional face to face counseling sessions.

Please initial after reading this page: _____

Health Affiliates Maine

Telecounseling Informed Consent

My Rights:

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to telecounseling.
- I have the right to withhold or withdraw my consent to the use of telecounseling during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment and will not risk the loss or withdrawal of my MaineCare benefit.
- I understand that Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine has the right to withhold or withdraw consent for the use of telecounseling during the course of my care at any time.
- I understand that the all rules and regulations which apply to the practice of therapy/counseling in the state of Maine also apply to telecounseling.

My Responsibilities:

- I will not record any telecounseling sessions without written consent from Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine. I understand that Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine will not record any of our telecounseling sessions without my written consent.
- I will inform Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine if any other person can hear or see any part of our session before the session begins. Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I, not Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine, am responsible for the configuration of any electronic equipment used on my computer for telecounseling. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.
- I understand that I must be a resident of the state of Maine to be eligible for telecounseling services from Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine.
- I understand that during my initial evaluation by Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine, I will be required to provide photo identification to verify my identity to provider's satisfaction before the evaluation.

Client consent for the use of Telecounseling:

I_____have read and understand the information provided above regarding telecounseling, have discussed it with Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telecounseling in my mental health care and authorize Allison H. H. Thompson, MSW, LCSW, CADC of Clearview Counseling and Consultation in affiliation with Health Affiliates Maine, to use telecounseling in the course of my diagnosis and treatment. If for any reason/s, telecounseling will not work for my treatment, then I will need to come to the office for ongoing evaluation and treatments.

Signature of Client: _____ Date: _____

Legally Authorized Representative/Guardian: _____ Date: _____

Relationship: _____

Witness: Allison Z&F. Thompson, MSW, LCSW, CADC Date: _____