

Telehealth Consent Form

Full name of the Client: _____ Client's Date of Birth: _____

Email address (ideally a Gmail or any email linked to Google Account in case Google Meet is needed as a back-up).

Where I expect to be for my telehealth sessions

- My home My work Another person's home My parked car in a private but secure location
 Other

Address where I expect to be when I meet with my therapist via Telehealth (**full address including zip code**). You must be in **New Mexico for your sessions**. If you will be out of state, please add that address here. Unless your therapist happens to also have a license in that state, they will not be able to see you.

Street Address

City and Zipcode

I consent to engage in telehealth (therapy sessions via video telecommunication) with Elevation Counseling as part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur through an interactive audio and video telecommunication platform.

I understand that I have the following rights with respect to telehealth:

1. I have the right to withhold or remove consent for telemedicine at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to this confidentiality including but not limited to reporting both child abuse and vulnerable adult abuse that is happening in the present, expressed imminent harm to oneself or others, or as part of a legal proceeding where information is requested by a court of law. I also understand that the dissemination of any personally identifiable information from the telehealth interaction to other entities shall not occur without my written consent.
3. I understand that there are risks and consequences from telehealth including but not limited to the possibility, despite reasonable efforts made by Elevation Counseling, that the transmission of my personal information could be disrupted or distorted by technical failure or issue. In addition, I understand that telehealth-based services may not be as complete as in-person services. I understand that if my therapist believes that I would be better served by other interventions then I

will be referred to in-person services or to a mental health professional that is in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment and telehealth is no exception.

4. I understand that I may benefit from telehealth services but that results cannot be guaranteed or assured. I understand that I must use the platform that Elevation Counseling uses to ensure confidentiality. I also understand that I must inform Elevation Counseling 24 hours prior to a telemedicine session if I will not be able to attend. I understand that if I am having technical difficulty at the time of session that I need to contact Elevation Counseling by phone to inform them of my difficulty.
5. I understand that I must notify my therapist of my physical location prior to my session. My therapist is only able to practice in the state of New Mexico and cannot cross state lines for telemedicine sessions. I also understand that my physical location is necessary if there is need to call emergency services on my behalf. Crisis sessions, in general, are not appropriate for telehealth and if I am in a crisis or emergency or if I feel unsafe I should call 911 or proceed to the nearest emergency room. I understand if I am feeling suicidal that I should call 911.
6. I understand that telehealth is a separate service type and may be reimbursed or covered by my insurance company differently than in-person therapy sessions. Elevation Counseling will attempt to confirm benefits prior to any session, but as with all medical treatment, I am responsible for any costs not covered by my health insurance.
7. I understand that I have the right to access my personal information and copies of my file. I have read and understood the information provided above. I have asked any questions I have of these policies and my questions have been answered.

Technology Recovery and Client Safety Plan

Physical Location: I will inform my therapist of my physical location at the beginning of each session. If I am not at the address / location listed above, I will inform my therapist of my current physical address.

Emergency contact person: the person my therapist may contact if an emergency arises during my therapy session:

Name: _____

Relationship: _____

Cell Phone #: _____

I give my provider permission to contact my emergency contact regarding my health care in an emergency: _____ (client initials)

Technological Emergencies:

If we experience a technical failure during a session or other interaction, I will always attempt to reconnect with you, even if it seemed we were about to finish our interaction.

Our backup communication method is:

Method:

Telephone or texting the office or the provider directly

Office phone number: **505-888-1686 (text or call)**

Client's cell phone number: _____

Plan:

Provider will attempt to call or text the client at the above number. If unable to connect, provider will send client a secure email at client's email address to inform client that s/he could not get through by phone.

Scene Safety Plan

Sometimes there may be other people who attempt to intrude on our session, or there may be other reasons why the space you are in is not psychologically safe for our work. To help your provider know when your space is unsafe, you may be asked to do the following scene safety check at the beginning of each session:

Scene safety check method:

The client will be asked to pick up their computer/camera and pan around the room.

Health and Safety Emergencies

If client is in a mental health crisis, client will call this number for help: **911**

If client has a medical or safety emergency, client will call this number for help: **911**

Which hospital will client go to when a medical issue arises? (Closest hospital to telehealth location)

Main hospital name: _____

Main hospital phone #: _____

Main hospital address (entire address if possible, otherwise city): _____

If there is a second hospital client may go to, please list it here:

Secondary hospital name: _____

Secondary hospital phone #: _____

Secondary hospital address: _____

If client needs to contact the provider during an emergency, the following method is the way to do it. Remember that your provider may not be able to provide any emergency or crisis assistance:

Provider emergency contact method: **telephone or text the office.**

Provider emergency contact number: **505-888-1686**

New Mexico Mental Health Crisis line available 24/7/365: **1-855-NMCRISIS (662-7474)**

If a mental health or other emergency arises call **911**.

Preparing for Your Online Session

Technical Setup

You will need access to certain technological services and tools to engage in telebehavioral health services with your clinician. You will also need to participate in planning for managing technology failures, mental health crises, and medical emergencies.

• Your clinician will use either **TherapyPortal or Google Meet** as the telehealth platform. There is

nothing to download - you can use a web browser on your computer or smartphone. If using Google Meet, you will receive an **email invite** to the session. If using **TherapyPortal** you will receive a Welcome Email to set up your portal account and you will access your sessions through the secure portal.

Your computer must have a working camera and microphone. If not, you can use a smartphone, but it must have video capability (phone calls without video are typically not approved by insurance companies).

- A laptop or desktop computer are ideal — preferably the biggest screen size that you have available to you (that you can also have in a comfortable, confidential space.)
- If you're using a tablet or phone, please prop up the device so that it is stable. For **iPhones**, often it works best if you download the Google Meet app and access the meeting through the app.
- Whatever device you're using, please make sure that the camera is about level with your eyes. It may require propping up your device or monitor on other items
- Headphones or earbuds can help reduce or eliminate echo (in addition to ensuring that your therapist's voice is only audible to you.)
- Please make sure that you're well lit and don't have a light source directly behind you.

Your Internet

- Be sure to move your computer as close as you can to your WiFi router (the box that makes the WiFi.) Or better yet — plug your computer into the router with a cable
- After that, you'll want to close out of — quit, don't just minimize — any programs you don't need which use your Internet connection and close any windows not needed.

Creating Confidential Space

You will need to participate in creating an appropriate space for your telebehavioral health services.

Things to consider:

- Is the space private?
- Can you lock the door?
 - If not, will others who have access to the space respect your request for privacy and not enter the room?
 - Can you/have you had a conversation with them?
 - Were they receptive?
- Can others outside the room hear you talking?
 - If so, can you create white noise with a fan or other form of background noise? (Preferably placed outside the doorway of the room you're in)
 - Consider using headphones or earbuds so that your provider's voice is kept private and is only hearable by you

If you have a hard time finding confidential space, here are some examples that others have used. These are not ideal, but should be considered secondary choices if an ideal setup is not available. If you use any of these, please make sure that the space is comfortable to you.

- Laundry Room
- Walk-In-Closet

- Basement
- Attic
- Actual last resort: your car parked in safe, private spot. (We want to emphasize that private does not mean secluded. Please do make sure you are in a safe location.)

Name of person signing this form and relation to client (self/parent/guardian, etc.)

Client Signature

Date