

## **Addendum Informed Consent to Therapy: Telemental Health (TMH) Informed Consent**

**This informed consent is intended as an addendum to the one you received when we began our work together. The original has information that is not included as a part of this addendum.**

### **What is Telemental Health?**

Telemental health (TMH) is defined as the provision of mental health services when the provider and client are in different locations and the service is being conducted via telephone or videoconferencing. These services rely on various electronic, often internet-based, technology tools. I will continue to utilize email solely for the purpose of scheduling and not as a vehicle for therapeutic engagement. It is important to understand that if my email were breached, any communication contained within it would be compromised and therefore, your confidentiality could be compromised.

I typically provide services only in-person, however, the current situation surrounding COVID-19, which includes social distancing, and state, county, or city recommendations for such, I am implementing video and phone meetings. **In my practice, these modes of meeting are temporary and will only be used until it is deemed safe for us to meet again in person.**

It is important to note that insurance reimbursement for TMH is determined by your insurance company and may be different than in-person sessions. I recommend that you contact your insurance provider to learn their policy on this form of therapy reimbursement.

### **Some risks and benefits**

One **benefit** of utilizing TMH is that in times when we are unable to meet in person, it allows us to continue sessions and prevents significant interruption to your work.

Some **risks** of this mode of therapy is that internet connections could cease working or become too unstable to use. Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out. Cloud-based service personnel, IT assistants, and hackers may have the ability to access your private information that is transmitted or stored in the process of TMH sessions.

I will be speaking to you either from my office or from a room in my home that ensures your complete confidentiality during our session. I strongly recommend that you find a space that ensures that you too, have complete confidentiality in your home during our sessions.

I will be using the **Doxy.Me** application for our video sessions. It is a HIPPA compliant, confidential platform designed for health care communication. It does not require you to download an application. It does however, require that you have access to the internet, an email address or text, and a device that is video capable. It also requires that your camera and microphone are enabled on your device.

At our first TMH session, we will develop a plan for backup communication in case of technology failures. This plan will likely include switching to phone conversation for the remainder of the session. Because of the current situation related to COVID-19, and the overload of these TMH platforms, HIPPA has relaxed their guidelines to temporarily include FaceTime communication if you have an iPhone, iPad, or Mac computer, so this may also be an option if our session is interrupted by technology failure. I will be using SQUARE invoicing for payment during this time unless you prefer another method of payment.

I will not be using Facebook Messenger as the confidentiality of this application is less certain than the others I've named here.

The best way to contact me between sessions regarding scheduling is via email (cynthiaaerni@gmail.com) or by telephone at 503-314-1636 where you can leave a message and I will return your call within 24 hours. I am available by phone between therapy sessions; however, I do not offer a 24 hour service and in the event of an emergency, please follow the safety plan we created and/or go to your nearest emergency room. You may also call the Washington County Crisis Line at 503-291-9111.

Please sign below to indicate that you have read this informed consent and agree to engaging in this mode of communication for therapeutic purposes.

Signature

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Date

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Signature

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Date

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