Informed Consent for Technology-Assisted Counseling

Signing this form is your agreement to allow billing and for psychotherapy services

conducted by Glenda Bates LMHC – License # MH9355

The purpose of this Informed consent is to inform Patient about the process of online counseling services with this Counselor and the potential risks and benefits of these services. The purpose is to also help safeguard Patient and provide information regarding alternatives to online services.

Please read the entire document as it contains important information for Patient to become aware of.

After having read this document, print the document, and place a check mark, at bottom of the last page, affirming having read the document, print and sign and then email to Counselor at [ggbates559@gmail.com](mailto:ggbates559@gmail.com) or fax document to (772) 918-8027 (\*\*\*dial **without** the Number 1 for long distance\*\*\*).

**The Technology-Assisted Counseling Process**

1. **Privacy and Confidentiality**

Maintaining client confidentiality is extremely important. The Counselor name above will take extraordinary care and consideration to prevent unnecessary disclosure. Information about Patient will only be released, with your permission, with exception of receiving a Subpoena from a Circuit Court of Law. As reflected shown by Patient signing this document:

1. Billing Patient’s insurance carrier, or EAP provider with billing information provided by Patient, and assigning payment to the above-named Counselor given above as your service provider.
2. The platform used by Glenda Bates, LMHC is known as Let’s Talk Interactive (aka LTI) with a Zoom widget supporting this LTI platform. This telehealth platform is HIPPA compliant with a Business Associate Agreement in place.

**Patient Needs for Reliable Telehealth Service:**

Be it known, that Provider Glenda Bates’ internet system provides the proper bandwidth of 1 mega bite upload and download. It is important that you check your Internet Providers bandwidth by simply performing one of the two (2) following websites for accessing bandwidth information: Type into your search engine

#1 choice, “Google test my internet speed;

#2 choice, type into your search engine “ookla.”

Also for Cell Phone Telemental Health you must have 3G internet connection on your phone.

A Zoom.com/us app must be downloaded on computer and cell phones for Telemental Health services.

**The following are exceptions of your privacy, should they occur:**

a) If counselor believes Patient is seriously considering or likely to attempt suicide;

b) If counselor believes Patient intends to assault another person;

c) If counselor believes Patient is engaging or intends to engage in behavior which will expose

another person to a known potentially life-threatening communicable disease;

d) If counselor suspects Patient, abusing, neglecting, or exploiting a minor or

incapacitated adult;

e) If Counselor believes Patient, is showing signs of a mental condition that is gravely disabling,

be this condition temporary or permanent.

f) If Counselor believes Patient is showing signs of a health concern, such as heart attack,

dementia, or other health concerns that needs immediate medical attention.

Although the internet provides the appearance of anonymity and privacy in counseling, be it known, privacy is more of an issue online than in-person counseling. It is important that Patient understands the potential risks of confidentiality being breached through unencrypted email and/or lack of password protection. Using cell phones for Technology-Assisted Counseling can be risky in that signals are scrambled but rarely encrypted.

**The above-named counselor has a right to privacy** and restricts the use of any copies or recordings of Patient counseling communications and/or emails communications. Patient must obtain permission from Counselor before recording any portion of the technology-Assisted Counseling and/or posting any portion of said sessions on internet websites such as Facebook, YouTube, etc.

**What is acceptable:**

* Text messaging via mobile phone is acceptable for appointments.
* Emailing is to be only for the purpose of scheduling. Counselor’s internet provider is secure, but because it is free, the internet email provider has the right to scan emails for “Key Words” within email messages.
* No Patient names and phone numbers are stored in Counselor’s cell phone.
* If Patient calls or texts Counselor from a cell phone, please be advised that the conversation may not be confidential due to lack of encryption.
* Provider will not respond to personal and clinical concerns via regular email or texting, only text to reschedule, schedule or cancel appointments.
* Journaling information and emailing Counselor, or emailing a low priority concern before the scheduled session is not suitable. Patient is encouraged to keep a journal and share this with Counselor during the next scheduled session. For upsetting daily life concerns, it would be appropriate to schedule a session to address this type of concern.

**Rules for Technology-Assisted Counseling**

* If having an individual session, you must be in a room that provides privacy.
* Having a Technology-Assisted Counseling session within a workplace requires having an assigned private office with the door closed. If co-workers come to your office, be sure to post a sign letting it be known the begin and end time to avoid interruptions.
* This Counselor only provides treatment via technology, and for Patients who are legally in a position to consent for themselves to receive mental health services: 18 years and older. If a parent or guardian is requesting Counseling for a child under the age of 18 years, then further paperwork will be made readily available and requested to be returned before the 1st scheduled session begins.
* Counselor does not accept Patients who are not taking their Doctor’s prescription for psychotropic medication(s) as prescribed for a mental health concern.

**Telephone & Emergency Procedures**

* If Patient needs to contact Counselor between sessions to alert of any changes to sessions scheduled, please call or text Counselor’s cell phone contact number and leave a message. Calls will be returned at the Counselor’s earliest convenience.
* **Should Patient be in a state of crisis or emergency, call 1-800-SUICIDE or 1-800-273-TALK, these are agencies available 24/7 for emotional support and to provide resources if needed.**

**(Click box with cursor) Yes, I have read, agree and understand to the terms listed above in this Informed Consent.** I understand Glenda Bates is a Licensed Mental Health Counselor who follows the laws and professional regulations of the State of Florida. It is understood that telephone/online psychotherapy is not a substitute for medication under the care of a psychiatrist or doctor. It is understood that online and telephone therapy is not appropriate if I am experiencing a crisis, or having suicidal or homicidal thoughts and I have been provided two 24/7 emergency phone numbers to call as reflected in the **Telephone & Emergency Procedures paragraph.** I am allowing Glenda Bates, LMHC to bill my insurance or Employee Assistance Program for session(s) completed and to receive the assigned payment(s).

**IN CASE OF AN EMERGENCY, I GIVE GLENDA BATES PERMISSION TO CONTACT PERSON GIVEN BELOW:**

(All completion areas below are insertable documentation – put cursor on “choose an item” and then hit tab to next “choose an item” insert)

**Name:** Choose an item. **Relationship to you:** Choose an item.

**Phone Number:** Choose an item.

**Address of Contact Person:** Choose an item.

By my signature below, I attest that I have read, understand and agree to the above information provided:

Choose an item. Click or tap to enter a date.

Signature Date

Choose an item.

Printed Name