

Informed Consent for Tele Mental Health Counseling (TMHC) Services

The following information is provided to clients who will receive tele mental health counseling. 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. Please initial each section of this consent form to show you read it.

Tele Mental Health Counseling Defined:

Tele mental health/counseling 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, a 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 (at the same time) secure video chatting is the preferred method of service delivery. I use a licensed form of ZOOM (video conferencing) for this reason. Before each session, I will send a Zoom Invite to your email, please check your SPAM account if you do not see the email by the day before the session. Remember to connect your audio. INITIAL _____

Tele Mental Health Counseling Protections:

The same laws that protect your privacy and confidentiality of your medical information also apply to tmhc. If you are using your insurance, they will have access to your tmhc records that includes confidential things you tell me. You may revoke your consent to tmhc orally by calling my office, 307-514-2781 or my cell, 307-214-6745, or in writing through the secured mail. As long as this consent is in force, I have your permission to provide you with tmhc and charge your credit card if that is the form of payment you will use and have provided that information. INITIAL _____

Limitations of Tele Mental Health Counseling Services:

Tele mental health counseling offers several advantages that include convenience and flexibility. It is an alternative form of therapy or adjunct to therapy and therefore may involve disadvantages and limitations. For example, there may be a disruption to the connection service. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions like dropped calls or video freezing. The virtual sessions must be conducted on a Wi-Fi connection for the best connection and to minimize disruption. 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, I might not see 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. I often use visuals and my hands to demonstrate concepts which may be out of full view. I will try to minimize that since they are beneficial to comprehension and practice by using the zoom whiteboard. While tmhc can be convenient and flexible, I want to establish your tmhc for success and as a beneficial modality of mental health/emotional care.

Obviously, 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 if you are not alone. Your pets are welcomed unless they become a distraction to the session. INITIAL _____

In Case of Technology Failure:

I understand that during a tmhc session we could encounter a technological failure. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please call me at: 307-514-2781. Please make sure you have a phone with you, and I have that phone number. We may also reschedule if there are problems with connectivity. INITIAL _____

Structure and Cost of Sessions:

I offer face-to-face psychotherapy when available. However, based on your ability to make in-person sessions and my availability, I may provide virtual psychotherapy if your treatment needs determine that tmhc services are appropriate for you. We will discuss what is best for you. Please remember that your insurance company may or may not cover therapy via phone or video. You are responsible for understanding your mental health insurance benefits. Please contact your insurance provider to verify coverage via tmhc.

The structure and cost of tmhc sessions are the same as face-to-face sessions described in my “Informed ...Fee Schedule” form. A Credit Card Authorization Form will be sent to you separately if you have a financial responsibility for your session and want to use a credit card. I will charge your card without you being physically present. Your credit card will be charged at the conclusion of each tmhc appointment. You can also mail payment to PO Box 22432, Cheyenne, WY 82003. INITIAL _____

Email:

Email is not a secure means of communication and may compromise your confidentiality despite its ease of being a quick way to convey information. I use un-encrypted email for scheduling appointments or to send non-confidential forms/questionnaires. Please do not use your email account to discuss anything with me related to your mental/emotional health. Bringing up therapeutic content via email may compromise your confidentiality. I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy, another reason not to use general email to discuss your treatment. 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 follow the instruction in "Emergency Management Plan" below. I have an encrypted email, Proton Mail that I will use to send you forms or other material that is confidential in nature. I use DigiSigner or SimpePractice to send documents that require your signature, like this one, that you can review, complete and return. These two applications may change but will be similar in function.

The best way to contact me for appointments is 1) my office phone 307-514-2781, 2) texting 307-214-6745, 3) reply to an encrypted email or 4) reply to ZOOM invitation. These four ways will help ensure I will not miss an important message from you. INITIAL _____

Electronic Transfer of Potential PHI Through Credit Card Transactions:

I use Square to process your credit card for services. I may send the credit cardholder a text or an email receipt indicating that your credit card was charged, the date used, and the amount that was charged. This notification is

established by the completion of the Credit Card Authorization Form. Please know that it is your responsibility to know if you or the credit cardholder has the automatic receipt notification set up in order to maintain your confidentiality. If you do not want a receipt sent via text or email, that may require additional notification. Please be aware that the transaction will appear on your credit card statement. INITIAL _____

Cancellation Policy:

If you are unable to keep a tmhc appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you may be charged for a missed appointment (\$50). Insurance companies do not reimburse for missed sessions. If you have some sort of emergency, this policy will not be implemented. INITIAL _____

Emergency Management Plan:

In the event of an emergency, it is imperative you are aware of resources in your area. As a precaution, please provide the residence address where you anticipate being located for your tmhc sessions. Know the closest emergency hospitals. Please provide information for an emergency contact person. These all must be completed to participate in tmhc services.

1. Address where you will be for tmhc appointments to give to 911 in case I need to call:

Telephone Number(s): _____

2. Emergency Contact Person: _____

Relationship: _____ Telephone Number: _____

You may alternatively follow this plan:

- 1. Call 911 or Lifeline at (800) 273-8255 (National Crisis Line)
- 2. Go to the emergency room of your choice.

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Additional Requirements:

I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device that I use for tmhc appointment. I will notify Sonjia Serda if my email address changes to avoid interruptions to appointments.

I understand I am solely responsible for maintaining the strict confidentiality of my user ID, password, and/or connectivity link. This may minimize your tmhc appointments from being hacked into. I understand I am to use the ZOOM platform only at my scheduled session time. I understand it is not an avenue to contact Sonjia Serda for any reason than for scheduled counseling appointments. I shall not allow another person to use my user ID or connectivity link to access the services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

I understand that there will be no recording by myself or Sonjia Serda, 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. As stated in person-to-person appointments, you may screen shot information we discuss on a white board or take written notes to help you remember and implement skills.

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Consent to Treatment:

I voluntarily agree to receive online therapy services for an assessment, continued care, treatment, or other counseling services via ZOOM and authorize Sonjia Serda, LPC, to provide such care, treatment, or counseling 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 from Sonjia Serda, LPC, 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 contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me. If I and my spouse/partner are receiving couple or marital counseling, both of our signatures are required.

I consent to the use of the following forms of communication via technology: please initial.

___ Texting to contact Sonjia Serda and to receive texts from Sonjia Serda for session appointments

___ Un-secured email for appointment scheduling, encrypted for confidential forms/paperwork, DigiSigner to sign forms

___ ZOOM only for counseling appointments

My signature below indicates that I will discuss this form with you and answer any questions you have regarding this information before you sign it.

Sonjia Serda, LPC Signature

Date

If you do not have any questions, please sign, date and return.

Client 1 Signature _____

Client 2 Signature _____

Parent, Guardian, or Legal Representative Signature if applicable

Date