

This form contains information about the telemental health services provided by Sara Grout, LMSW. Please read it carefully and ask any questions you may have.

**Telemental Health Defined**

Telemental health means the remote delivery of mental health services via technology-assisted media. Telemental health is provided by means of real-time, two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, treatment, education, and care management of the client. Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, and others.

I provide telemental health services using the platform doxy.me. You will need access to Internet service and technological tools described above in order to engage in telemental health services. Per Kansas requirements, you will need to be located within the state of Kansas when receiving telemental health services.

**Benefits, Risks, and Limitations of Telemental Health**

Telemental health allows you to receive mental health services at times or in places where the service may not otherwise be available; receive services in a fashion that may be more convenient and less prone to delays than in-person sessions; receive services when you are unable to travel to the therapist's office.

Understand there are risks and limitations in transmitting information over technology. Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your therapist's ability to directly intervene in crises or emergencies. Examples include, but are not limited to: poor internet connection resulting in dropped calls or poor video and/or audio quality; failure of an electronic device; failure of security protocols or unauthorized access resulting in a breach of privacy of personal health information or theft of personal information; misunderstanding between the therapist and client when communication lacks visual or auditory cues.

Service delivery via telemental health is not a good fit for every person. I will continuously assess if working via telemental health is appropriate for your case. Please talk to me if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. You have the right to stop receiving services via telemental health at any time without prejudice. You will not be prevented from accessing in-person services if you choose to discontinue using telemental health.

**Telemental Health Environment**

As the client, you are responsible for finding a private and quiet location where the session(s) may be conducted. As the therapist, I will take every precaution to ensure a technologically secure and environmentally private psychotherapy session(s).

**In Case of Technology Failure**

Understand during a telemental health session we could encounter a technological failure. If a session is disrupted due to technical complications please log off the call and attempt to reconnect. If the session cannot be completed via tele-video, please call me back at 785-648-5664. If you have not made contact with me within five minutes of

being disconnected, I will attempt to contact you on the number I have listed in your record. We may also reschedule if there are consistent problems with connectivity.

**Telemental Health Safety and Emergency Plan**

You will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with me. I will do my best to see you in the event of a crisis. If I am unavailable in person, you may call my office at 785-648-5664. If I am unavailable in the event of an emergency, it is imperative you are aware of resources in your area, such as the Pawnee Mental Health Crisis Line at 1-800-609-2002. As a precaution, please identify a nearby emergency hospital below. In addition, you will need to provide information for an emergency contact person. These all must be completed to participate in telemental health services.

1. Hospital Name and Location: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. You may alternately follow this plan:

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

**Security and Privacy**

I utilize software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring records of your health care services are not lost or damaged. I use Valant, Waystar, Phone.com, Faxage, Paubox, and Google in my practice.

You also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords only you know. Also, use the secure tools that your provider has supplied for communications. Please do not record video or audio sessions without my consent. Making recordings can quickly and easily compromise your privacy. I will not record any video or audio telemental health sessions.

**Fees**

I only offer telemental health services when in-person psychotherapy is unavailable due to special circumstances. Your insurance company may or may not cover therapy via phone or video. You are responsible for verifying benefits prior to receiving services. The fees for telemental health sessions are the same as face-to-face sessions described in the Fee Contract form. It is required you announce your location at each session when using tele-video for the purposes of insurance payment and privacy needs.

**Consent to Evaluate/Treat**

**I have read and fully understand the above. I have had an opportunity to ask questions regarding the telemental health services provided by Sara Grout, LMSW. I voluntarily give consent to the evaluation and treatment of myself or my minor child using telemental health technologies and attest I have the right to consent to treatment. I understand I have the right to ask questions of my clinician about the above information at any time.**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_