

## INFORMED CONSENT FOR TELEMENTAL HEALTH SERVICES



Christian Children's Home of Ohio  
Encompass Christian Counseling  
Encourage Foster Care

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### Definition of Telemental Health

Telemental Health involves the use of electronic communications to enable Christian Children's Home of Ohio (CCHO) and our family of ministries' mental health professionals to connect with individuals using interactive video and audio communications.

Telemental Health includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and transfer of medical and clinical data.

I understand that I have the following rights with respect to telemental health:

1. The laws that protect the confidentiality of my personal information also apply to telemental health. As such, I understand that if my therapist believes there is a serious risk that I will hurt or kill myself or another person, my therapist is legally required to report this, warn the endangered person if someone other than myself, and take whatever action seems needed in his or her professional judgment to prevent harm to myself or others. I also understand that the dissemination of any personally identifiable images or information from the telemental health interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemental health in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that no session shall be recorded in any way unless agreed to by me beforehand.
4. I understand that there are risks and consequences from telemental health, including but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. CCHO utilizes secure, encrypted audio/video transmission software to deliver telemental health. However, I understand that I do have the right to waive the use of encryption but understand the risks there-in.
5. I understand that if my counselor believes I would be better served by another form of intervention (e.g., face-to-face services), I will be referred to a mental health professional associated with any form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.
6. I understand the alternatives to counseling through telemental health as they have been explained to me, and in choosing to participate in telemental health, I am agreeing to participate using video conferencing technology or other technology forms that may be deemed appropriate at the time. I also understand that at my request or at the direction of my counselor, I may be directed to "face-to-face" psychotherapy.
7. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telemental health in my care, but that no results can be guaranteed or assured.
8. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my counselor in order to operate the video/audio equipment. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history that are personally sensitive to me, (2) ask non-clinical personnel to leave the telemental health room, and/or (3) terminate the consultation at any time.
9. I understand that it is my responsibility to consider employer policies related to the use of work computers for personal communication. I also understand the risks associated with entering private information when using a public access computer, or one that is on a shared network, and am cautioned against using autofill usernames and passwords.
10. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.
11. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

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**Payment for Telemental Health Services**

Christian Children's Home of Ohio and our family of ministries will bill insurance for telemental health services when these services have been determined to be covered by an individual's insurance plan. In the event that insurance does not cover telemental health, the individual can opt to pay out-of-pocket.

**Patient Consent to the Use of Telemental Health**

I have read this document carefully and understand the risks and benefits related to the use of telemental health services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telemental health services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understand, and agree to the terms of this document.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Client DOB

\_\_\_\_\_  
Signature of Client or Guardian (If client is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date