

# TELEMENTAL HEALTH SERVICES INFORMED CONSENT

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## **What is Telemental Health?**

“Telemental health” means, in short, provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media. 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, specialized mobile health (“mHealth”) apps, and others. Your provider typically provides telemental health services using **Doxy.me**. You will need access to internet service and technological tools needed to use the above in order to engage in telemental health work with your provider. If you have any questions or concerns about these tools, please let your provider know so that alternatives can be explored.

## **Benefits and Risks of Telemental Health**

Receiving services via telemental health allows you to:

Receive 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 meetings.

Receive services when you are unable to travel to the service provider’s office.

The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

Receiving services via telemental health has the following risks:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider’s ability to directly intervene in crises or emergencies. Examples include: Internet connections and cloud services could cease working or become too unstable to use; cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery; computer or smartphone hardware can have sudden failures or run out of power; or local power services can go out.

Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. Your provider may also be unable to help you in-person. There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risks in collaboration with you as your relationship progresses. PLEASE DO NOT HESITATE TO RAISE ANY QUESTIONS OR CONCERNS YOU MAY HAVE ABOUT TELEMENTAL HEALTH SERVICES.

### **Your Telemental Health Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

### **Our Communication Plan**

We will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. The best way to contact your provider between sessions is via **text message at 919 818 6622**. Your provider will respond to your messages within 24 hours. Please note that your provider may not respond at all on weekends or holidays. Your provider may respond sooner than stated in this policy although that does not mean they will always respond that quickly.

Our work is done primarily during our appointed sessions, which will generally occur during weekday business hours. Contact between sessions should be limited to: confirming or changing appointment times, billing questions or issues, or homework we have discussed in session.

Please note that all textual messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record.

### **Our Safety and Emergency Plan**

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider. Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies. Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

### **Your Security and Privacy**

Except where otherwise noted, your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, 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 that only you know. Also, use the secure tools that your provider has supplied for communications.

### **Recordings**

Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy, and should be done only with great care. Your provider will **NOT** record video or audio sessions.

**Your signature below indicates that you have read the information in this Telemental Health Informed Consent and agree to abide by its terms during our professional relationship.**

Signature of Person Receiving Services: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian (if required): \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby give Lisa Dumain, LCSW, permission to contact the following individuals in case of emergency during our sessions:** (at least one name is mandatory)

\_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Name Telephone Number