

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEPSYCHOLOGY and MENTAL HEALTH SERVICES

The purpose of this form is to obtain your consent to participate in a telepsychology in mental health services following licensed mental health professional: _____

1) Purpose and Benefits. The purpose of this use of telepsychology in mental health services is to enable clients and their families to receive mental health services and minimize their health risk during this period of the current health crisis that involves the Coronavirus, (COVID-19).

2) Nature of Telepsychology in Mental Health Services: During the telepsychology in mental health services:

a) Clients will interact with their licensed mental health professional through the use of an electronic media. Various electrical devices may be used that include computers, tablets, and smart-phones. The media will be organized through a recognized and HIPAA compliant video communication product. At this time your licensed mental health provided will be using the Zoom program. He/she will work with you to facilitate a visual and auditory connection for all their telepsychology in mental health provided services.

3) Medical Information and Records. All existing laws regarding your access to medical information and copies of your medical records apply to this telepsychology in mental health service.

4) Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telepsychology in mental health services. All existing confidentiality protections under federal and Oklahoma State law apply to information disclosed during this telepsychology in mental health services.

5) Risks and Consequences. The telepsychology in mental health services will be similar to a routine mental health office visit, except interactive video technology will allow you to communicate with your licensed mental health professional at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver mental health services is a relatively new technology and may not be equivalent to direct patient to therapist contact. Following the telehealth counseling session, your licensed mental health professional will work with you to establish a date and time for your next telepsychology in mental health counseling session.

6) Rights. You may withhold or withdraw consent to the telepsychology in mental health service at any time without affecting your right of future care or treatment.

7) Financial Agreement. The cost of these telepsychology in mental health services are your responsibility. In some cases they may be assisted by your insurance carrier. With your permission and consent our office will bill your insurance carrier for these services. In the case where an individual has insurance coverage for telepsychology in mental health services you will be asked to pay your deductible and/or co-payment amount at the time of services. Our administrative staff will work with your licensed mental health professional to coordinate such financial matters.

The following is additional information for your consideration regarding the use of telepsychology in your mental health services:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the licensed mental health professional will explain how to use it.
- This application will use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your licensed mental health professional, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our session's in-person.

I have been advised of all the potential risks, consequences and benefits of telepsychology in mental health services. My licensed mental health professional practitioner has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Signature: _____ Date: _____

Patient (or person authorized to give consent) if signed by person other than patient, provide relationship to patient: _____

Signature: _____ Date: _____

Licensed Mental Health Professional

Witness: _____ Date: _____