

## **Telemental Health Consent**

### **Distance counseling:**

All of the practitioners at Peachtree Comprehensive Health (formerly Peachtree Psychiatric Professionals and Peachtree DBT) have met the state requirements to provide Telemental Health and all are licensed to practice in their respective fields. PCH is offering Telemental Health in special circumstances in order to increase access to care and to increase convenience. However, there are risks of Telemental Health, including possible breach of confidentiality, lack of some sensory input and non-verbal cues, technology failure, increased difficulty of managing an emergency, and that its efficacy is not as well established by rigorous research compared to services provided in-person. Therefore, it is always our preference to have in-person appointments when possible.

### **Possibility of technology failure and alternate methods of service delivery:**

If the technology application being used for Telemental Health fails, both the provider and the client should make every effort to contact each other to resume the appointment. Optimally the technology issue is resolved but it may be necessary to use alternative means, such as by phone, or to reschedule the appointment if that is clinically appropriate.

### **Emergency procedure plan:**

To provide Telemental Health, we require that you provide us with contact information for a support person that lives with you or close to you and who could assist in an emergency. Furthermore, we require that you pick one location to remain for all of your appointments and provide us with this address so that we are able to assist appropriately in an emergency. For emergencies or needed contact between appointments or after hours, the protocol is the same as it is for in-person clients, including who to call and the anticipated response time.

My support person is: (  Same as emergency contact on your registration paperwork)

Name:

Phone:

Address:

### **Possible denial of insurance benefits:**

It is possible that your insurance company will deny benefits for Telemental Health appointments. If this is a concern, contact your insurance company for further information about that prior to engaging in Telemental Health.

### **Process by which patient information will be recorded and stored:**

We will maintain a clinical record in the same manner as if you were seen in person in our office. Sessions will not be recorded unless that is discussed specifically with you and you provide written permission.

### **Conditions in which Telemental health will cease to be appropriate and subsequent referral process:**

If it is determined that Telemental Health is no longer clinically appropriate, such as due to clinical instability or risk of harm, we will arrange to see you in person or help you find other locations where you can seek continued care.

### **Coordination of care with other professionals:**

We will provide the same level of coordination of care with other professionals as if you were coming for in-person appointments.

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**Semi-annual in-person visit required:**

We require that you have an in-person appointment semi-annually in order to obtain Telemental Health services.

**Consent:**

I understand the above information and I have reviewed notice of privacy practices. I provide my consent for Peachtree Comprehensive Health (formerly Peachtree Psychiatric Professionals and Peachtree DBT) to provide mental health services to me via Telemental Health. I will conduct my appointments from the same location every time and I will follow the attached instructions provided.

Patient/POA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This must be the signature of the person signing. It is illegal in the state of Georgia to sign another person's name without Power of Attorney.