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### **Informed Consent for TeleMentalHealth**

This Informed Consent for TeleMentalHealth contains important information focusing on doing counseling/psychotherapy using the phone or the Internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

#### **Benefits and Risks of TeleMentalHealth**

TeleMentalHealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. Benefits of TeleMentalHealth include: engagement in interactive services without being in the same physical location, continuity of care, convenience, and shortens your time commitment. TeleMentalHealth requires technical competence on both our parts to be helpful. Although there are benefits of TeleMentalHealth, there are some differences between in-person psychotherapy and TeleMentalHealth.

Some risks of TeleMentalHealth include:

Challenges to Confidentiality - Because TeleMentalHealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. I will take reasonable steps to ensure your privacy on my end. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in TeleMentalHealth only while in an area where other people are not present and cannot overhear or interrupt the conversation.

Issues Related to Technology - Technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis Management and Intervention - Usually, I will not engage in TeleMentalHealth with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in TeleMentalHealth, we will develop an emergency response plan to address potential crisis situations that may arise during the use of TeleMentalHealth work.

Efficacy - Most research shows that TeleMentalHealth is about as effective as in-person psychotherapy. However, some therapists believe that there are differences in the therapeutic experience including the therapist's ability to fully understand non-verbal information when working remotely. There has not been much research on the efficacy of TeleMentalHealth with couples or families but current research is promising.

#### **Electronic Communications**

TeleMentalHealth services/platforms will be decided upon together. I am currently using Doxy.me, a HIPAA compliant platform for video interaction. If there are any issues with using this platform I can provide alternative options or we can utilize audio interaction via telephone. You may have to have certain computer or cell phone systems to use TeleMentalHealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, data usage, or software to take part in TeleMentalHealth.

#### **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our TeleMentalHealth. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems as well as HIPAA appropriate platforms to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed

Client Initials\_\_\_\_\_

by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for TeleMentalHealth sessions and having passwords to protect the device you use for TeleMentalHealth).

If we are using video interaction, seeing you will be verification of your identity. However if we are using only audio interaction I will ask you a private question to confirm you identity at time of service.

The extent of confidentiality and the exceptions to confidentiality that we outlined in our initial Statement of Understanding/Informed Consent still apply in TeleMentalHealth (accessible at jeffreyciolinolcpc.com).

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting TeleMentalHealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in TeleMentalHealth services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency or crisis, including but not limited to risk of harm to self or others, increased psychiatric or medical symptoms, unstable substance use, or feeling unsafe, **do not call me back**. Call 911 or go to the emergency room of the nearest hospital. If appropriate, you may also utilize crisis services such as the Advocate Illinois Crisis Line at (773) 296-5380. If you utilize crisis services, please notify me at an appropriate time after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, I will wait two (2) minutes and then re-contact you via the TeleMentalHealth platform on which we originally agreed upon. If we are still unable to connect, I will attempt to re-connect with you in an additional two (2) minutes via the agreed TeleMentalHealth platform. After two (2) attempts I will contact you via telephone number provided. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Social media platforms will not be used for TeleMentalHealth nor will I engage with any client via social media. Please be aware and protective of your own exposure to me via social media to maintain your confidentiality.

### **Fees and Scheduling**

My same fee rates will apply for TeleMentalHealth as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in TeleMentalHealth sessions in order to determine whether these sessions will be covered.

All TeleMentalHealth sessions must be scheduled in advance and will be scheduled in USA Central Time (time in Chicago, IL). My anticipated response time to scheduling requests will be within the next business day.

### **Records**

The TeleMentalHealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

### **Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. By signing this form, I certify: That I have read or had this form explained to me, that I fully understand its contents including the risks and benefits of the procedure(s), and that any questions I have asked have been answered to my satisfaction.

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

### **Emergency Contact (Close proximity to you)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Client Initials \_\_\_\_\_