



Fowler and Tidwell Counseling
7155 Old Katy Road Suite N244
Houston, TX 77024
Office: 832-831-8379 Fax: 832-831-8388

CONSENT TO ENGAGE IN TELEMENTAL HEALTH SESSIONS

THIS DOCUMENT DESCRIBES HOW TELEMENTAL HEALTH SERVICES WILL BE ADMINISTERED BY OUR PRACTICE, INCLUDING GUIDELINES FOR THE SAFE AND CONFIDENTIAL USE OF TECHNOLOGY, AS WELL AS POTENTIAL RISKS AND BENEFITS OF TELEMENTAL HEALTH SERVICES. PLEASE READ THIS DOCUMENT CAREFULLY.

Effective date: July 27, 2018

I, _____, have agreed to engage in telemental health sessions administered by _____, a therapist employed by Fowler and Tidwell Counseling, P.L.L.C. My therapist has explained to me that telemental health counseling involves the delivery of therapy using technology while the therapist and client are not in the same room. Telemental health IS NOT traditional face-to-face therapy. I understand that telemental health counseling will involve the transmission of my voice and image using video conferencing software.

POTENTIAL RISKS OF TELEMENTAL HEALTH TREATMENT There are potential risks specific to engaging in telemental health therapy. These include, BUT ARE NOT LIMITED TO:

1. Disruption in sessions due to technical problems or software failure.
2. Breaches of confidentiality due to hacking or failure to ensure privacy on the client's part.
3. Decreased effectiveness in the delivery of treatment.

Currently, the effectiveness of telemental health delivery HAS NOT been comprehensively evaluated through research. Progress in treatment may be slower and less immediate than it would be using traditional face-to-face methods. You and your therapist will need to periodically review your progress toward your treatment goals to ensure that telemental health delivery is appropriate for you as a client. YOU MAY TERMINATE ENGAGEMENT IN TELEMENTAL HEALTH SESSIONS AT ANY TIME WITHOUT IT AFFECTING YOUR ELIGIBILITY FOR FUTURE TREATMENT. YOUR THERAPIST ALSO RESERVES THE RIGHT TO DISCONTINUE THE USE OF TELEMENTAL HEALTH AT HIS/HER PROFESSIONAL DISCRETION. Discontinuing telemental health sessions DOES NOT mean that therapy is being terminated. You and your therapist will need to assess whether more traditional treatment options may be more effective.

Fowler and Tidwell Counseling, P.L.L.C. currently uses Zoom teleconferencing software for the delivery of telemental health services. Zoom is HIPAA compliant and meets current state and federal requirements pertaining to client privacy and confidentiality in the delivery of treatment. Your therapist will deliver services from our offices using our secure Internet connection. Breaches in confidentiality may occur despite our best efforts to maintain online privacy and security.

You will be provided with a link to install Zoom on your personal device. It is your responsibility to protect your privacy during transmission of telemental health sessions by ensuring that you are in a private, safe space where others will not overhear or monitor your sessions. DO NOT use a public or shared device. DO NOT use a computer/device that is owned by your employer, as this may make the content of your session "work product". This may grant your employer legal access to confidential information.

Please log into the video conferencing software at least five minutes prior to the start time of a scheduled session. If the software is not functioning, or if the software fails during a session, please call the office at **832-831-8379** and request to speak with your therapist. The session will be continued via phone, without the use of the video transmission.

POTENTIAL BENEFITS OF TELEMENTAL HEALTH TREATMENT There are potential benefits to engaging in telemental health therapy. These include, BUT ARE NOT LIMITED TO:

1. Increased convenience in the delivery of treatment.
2. Greater consistency in attending sessions.
3. Greater access to treatment for clients with physical/logistical limitations.

Telemental health involves less travel and commuting time for the client, and it may be more convenient for you to fit sessions into your schedule as a result. This may increase the consistency of your participation in therapy. Telemental health may also be a viable option if you have a permanent/temporary disability that impacts your availability to attend traditional face-to-face sessions. **IF YOU HAVE A VISUAL OR AUDITORY DISABILITY THAT MAY LIMIT YOUR ABILITY TO COMMUNICATE OVER VIDEO CONFERENCING SOFTWARE**, please disclose that to your therapist. The practice will make every effort to accommodate your needs.

PAYMENT/FEES FOR TELEMENTAL HEALTH SESSIONS Telemental health sessions will be delivered at Fowler and Tidwell Counseling's REGULAR HOURLY RATE and will be subject to the FULL COPAY that is required by your insurance provider. Telemental health IS NOT discounted or prorated therapy. Your therapist will bill your insurance carrier the same amount as for a traditional face-to-face session.

Cancellation of a telemental health session requires 24 hours advanced notice, otherwise you will be charged **\$85.00** for the missed session. Emergencies (death in the family, hospitalizations, etc.) will be addressed on a case-by-case basis. If you are using insurance and cancel with less than **24 hours notice** or fail to log-in for the appointment, **you, not your insurance company**, are responsible for the missed session fee of **\$85.00**.

If a telemental health session is disrupted or delayed due to technology issues, then you and your therapist will proceed with a phone session. Please call **832-831-8379** and request to speak with your therapist. Should you refuse to participate in a phone session in lieu of a telemental health session, you MAY be charged the **\$85.00** cancelation fee.

TECHNICAL ISSUES WITH THE ZOOM TELECONFERENCEING SOFTWARE You may access Zoom online (through Google Chrome) or through an app that you install directly on your device. Our office will provide a link to download this app. However, if you experience technical difficulties with the Zoom app or the Zoom Web site, then please contact Zoom customer support directly. Fowler and Tidwell Counseling, P.L.L.C. WILL NOT assist with technical or connectivity issues.

Client Signature/Parent or Guardian Signature

Date

_____ Please initial here if you would like to be provided with a copy of this consent form.