

Client Mental Health Telemedicine Policies & Consent

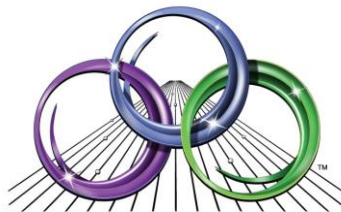
Telemedicine is the delivery of therapy services using interactive audio and visual electronic systems where the therapist and the client are not in the same physical location. The interactive electronic systems used in telemedicine must be HIPAA compliant and incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data. There are unique risks to telemedicine, so you and your therapist should discuss and come to an agreement that telemedicine is appropriate for your treatment. To be eligible for telehealth services, **please review and sign this Telemedicine Informed Consent.**

It is important that you understand the following points with respect to telemedicine:

(1) Telemedicine sessions are completely voluntary and you have the right to withdraw consent to participate at any time.

(2) Laws that protect privacy and the confidentiality of client information also apply to telemedicine. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where you make your mental or emotional state an issue in a legal proceeding. Information obtained from the telemedicine interaction shall not occur without my written consent. You have a right to access medical information and copies of medical records in accordance with Minnesota law. Your therapist will follow the laws and professional regulations of the State of Minnesota.

(3) There are risks and consequences in using telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of your Therapist, that: the transmission of medical or mental health information could be disrupted or distorted by technical failures; the transmission of medical or mental health information could be interrupted or accessed by unauthorized persons; and/or the limited ability to respond to emergencies. The therapist may discontinue the Telemedicine sessions at any time if it is felt that the videoconferencing, text, email, or telephone connections are not adequate for the situation. If the video conferencing or telephone connection drops while in a session, please provide an additional phone line available to contact the therapist or make additional plans with the therapist ahead of time for re-contact. If there is a technological failure and you are unable to resume the connection, you will only be charged the prorated amount of actual session time.



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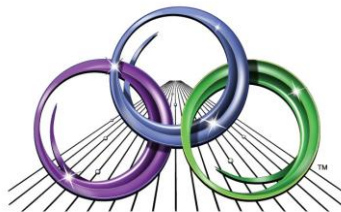
(4) There are potential risks and benefits associated with any form of psychotherapy, and that despite your efforts and the efforts of the Therapist, some conditions may not improve, and in some cases you may experience more complex emotions in the process. Telemedicine sessions may have limitations (as well as benefits) compared to in person sessions, among those being the lack of “personal” face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that some insurance companies may not cover this type of therapy. **During the Corona Virus, telemedicine is being covered by insurances for Minnesota residents.**

While you may benefit from telemedicine, the results cannot be guaranteed or assured. If the therapist believes you would be better served by another form of psychotherapeutic services (e.g. face-to-face services), you would be referred to a therapist who can provide such services in your area.

(5) In the event of a crisis or an emergency, or if you feel suicidal, you must agree to immediately call 911, seek help, go to the nearest hospital or crisis facility and/or call local county crisis agencies or the National Suicide Hotline at 1-800-784-2433. If there is an emergency during a Telemedicine session, then your Therapist will call emergency services and/or your emergency contacts. You are required to provide a **Telemedicine Safety Plan** (see below) that is shared with the Therapist in case of an emergency. An emergency situation may include thoughts about hurting or harming self or others, having uncontrolled mental health symptoms, being in a life threatening or emergency situation, and/or abusing drugs or alcohol and are not safe.

Payment for Services: Fees Telemedicine sessions are the same for in-person psychotherapy as outlined in the Fee Schedule of the Informed Consent. Usually, most insurances or other managed care providers do not cover sessions that are conducted exclusively via “telephone.” If your insurance, HMO, third-party payor, or other managed care provider does not cover telemedicine sessions, you will be responsible for the entire fee of the session. Usually, it is advisable that you contact your insurance company prior to engaging in telemedicine sessions in order to determine whether these sessions will be covered. The Worldwide outbreak of the Corona Virus has caused an exception to the normal rules for Telehealth coverage. Telephone or video is allowed by all insurances (MN GOVERNOR). For those who are uninsured, please go online to make a payment is available www.beyondthebraintherapies.com via PayPal.

Counseling Policies: The Telemedicine Policies & Consent agreement is an addendum to the Informed Consent Document. All information in these Counseling Policies are about our professional services and business policies, as well as responsibilities and expectations of you as the client during telemedicine services.



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Telemedicine Consent: You are providing consent to engage in telemedicine as part of your treatment with Beyond the Brain Therapies and your therapist. You understand that “Telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of personal health information, and education using interactive audio, video, or data communications. You understand the information provided in the previous pages regarding telemedicine risks. You furthermore, have discussed any questions and offer consent to begin therapy. Please make sure that all your questions have been answered to your satisfaction.

My signature below indicates that I have read, understand, and consent to treatment and the provisions outlined in: 1) this Informed Consent form for participation in telemedicine treatment 2) Client Informed Consent and 3) Patient Information including Notice of Privacy Practices (HIPPA)

Client Full Name: _____

Nickname/Preferred Name: _____ **Client DOB:** _____

If client is a minor, please print name of parent/guardian(s) signing on behalf of the client:

_____ Relationship to Client _____

PRINT PARENT/GUARDIAN'S NAME

_____ Relationship to Client _____

PRINT PARENT/GUARDIAN'S NAME

x _____

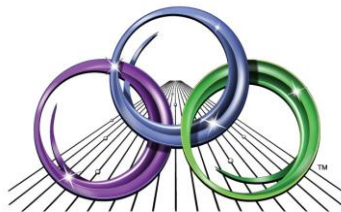
Signature of Client or Legal Guardian 1

_____ Date

x _____

Legal Guardian 2

_____ Date



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Telemedicine Safety Plan

In case of emergency the client's location is: _____

(It is required that the client announce their location at each session when using video conferencing, and it may be required that the client be at that same location for each session for the purposes of insurance payments.)

Client Phone #: _____ **Alternative Phone#:** _____

(The alternative phone #to reach the client if the video conferencing connection fails during a session.)

Client must provide two emergency contact names and phone numbers and agrees that if there is an emergency during a session, the therapist has permission to contact the emergency contacts

Emergency Contact:

Name _____ Relation to you _____ Ph # _____

Thankyou for going through the process which will allow us to serve you.