


Catholic Charities of the Diocese of Lexington
Telemental Health Consent Form

By engaging with a counselor of Catholic Charities of the Diocese of Lexington, Inc. for any communication, inquiry, counseling or consulting, paid or unpaid, I'm giving my consent and hereby understand that:

- 1) I am engaging in Telemental Health (professional services through the internet) for clinical counseling or supervision services.
- 2) Telemental health includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.
- 3) Telemental Health may involve the communication of medical/mental information, both orally and visually, to other healthcare practitioners for continuity of care and/or case consultation and/or peer review, but only with my consent, unless it is an emergency.
- 4) There are risks and consequences from telemedicine, including, but not limited to the possibility, despite reasonable efforts on the part my counselor and that of the telehealth server, that the transmission of my medical information could be disrupted or distorted by technical failure; the transmission of my medical information could be interrupted by unauthorized persons; and/or electronic storage of my medical information could be accessed by unauthorized persons.
- 5) Telemental health-based services may not be the same as in-person services and that sometimes there may be a small delay or distortion of the video due to internet connectivity and bandwidth availability.
- 6) Since my counselor may not be immediately available, it is not advisable to initiate telemental health services for crisis situations unless an arrangement has previously been made for this purpose.
- 7) Due to the electronic nature of telemental health and the distance between the counselor and myself, I understand that my counselor will not be physically present in an emergency to assist me.
- 8) Due to the distant nature of these services, emergency assistance by my counselor may not be available in a crisis. Local emergency services may be called to assist me in a crisis if warranted and available. If I am unable to reach my counselor in an emergency, I will call 1-800-422-1060 or 911, or go to an emergency room.
- 9) I will provide the phone number of an emergency contact person who is able and willing to go to my location in the event of an emergency. I understand that person will be contacted if my counselor deems it necessary.
- 10) If my counselor believes I would be better served by another form of services (eg. in-person services), I will be referred to another service.
- 11) I may benefit from telemental health services, but I understand that, just like in-person services, the results cannot be guaranteed or assured.
- 12) Since Kentucky licensing regulations apply, I understand that I, the client, must inform my counselor of my location at the time services occur. If my location will be different from the one identified on my application for services, I will inform my counselor at least 24 hours prior to the session. I understand that I must be a Kentucky resident as my counselor is only licensed in Kentucky.

13) It is my responsibility to ensure that I have strong enough internet connection to perform a video call and that if I do not, the session will be either cancelled or continued by standard telephone, with the same charges incurred as if the session was conducted in person.

14) If at any time during my session the video or audio link is disconnected, I am to try the same link or number. I understand that I am to provide my counselor with the number of a phone I can answer and continue the session if and when there is a disconnection and I am not able to re-establish a video call.

15) I understand that case and therapy notes will not be stored electronically with the telehealth service. Paperwork and notes for telemental health sessions will be filed in the same manner as they are stored for in-person sessions. Billing and payment will be the same as in-person sessions. Payments are to be made to **Catholic Charities** via money order or check (please do not send cash) and sent to Catholic Charities, 60 Martha's Vineyard, Prestonsburg, KY 41653.

16) I am not permitted to record the session UNLESS I have my counselor's PRIOR WRITTEN permission.

17) I am responsible for ensuring that I have a confidential place to speak with my counselor for my telemental health session. This includes disabling any "listening" devices on my phone or computer or in my home (eg. "Siri", "Cortana" or "Alexa") prior to a telemental health session. If I cannot guarantee a confidential place, I should notify my counselor and cancel or reschedule the session.

18) I am to notify my counselor if anyone else is present or can overhear the telemental health visit.

19) I am responsible for securing (keeping private) the login information (username and password) to prevent a breach of my privacy.

20) I have the right to withdraw my consent at any time and cease services. I understand that if my counselor is unable to contact me that my case may be closed and I may need to re-apply for services.

21) I understand that to use telemental health services with Catholic Charities, I must first apply for services the usual way by completing the Application for Services, Counseling Agreement and Insurance forms. These forms must be mailed to 60 Martha's Vineyard, Prestonsburg, KY 41653 or faxed to (606) 874-9170 with a copy of my insurance card, driver's license or photo ID, and the \$10 application fee or a completed fee waiver/reduction form. These forms may be requested by calling (606) 874-9170. An appointment will not be scheduled until these completed forms are received and reviewed by my counselor. I understand that prior to a telemental health appointment, I will receive an email inviting me to register at the link in the email. I will need to agree and sign (with a parent, if I am a minor) two agreements with the telehealth service and an online copy of this agreement. My registration will then allow my counselor to contact me through the server with a link to our sessions.

22) If I am not yet 18 years old, my parent or legal guardian must co-sign this agreement, as well as the Catholic Charities Application for Services and Counseling Agreement.

I have read and understand the information provided above.

Signature of Client (and parent, if a minor)

Date