

## **CONSENT FOR TELEMENTAL HEALTH SERVICES**

This form is to be used in conjunction with but does not replace the signed Service Agreement and Consent for Treatment that is required for all clients receiving services from Lightship Family Counseling, LLC.

### **WHAT IS TELEMENTAL HEALTHCARE?**

Telemental health is a subset of telehealth services that uses online, interactive videoconference software to provide mental health services from a distance. Telemental health includes terms such as telepsychology, telebehavioral health, telehealth, online counseling, and distance counseling. Private insurance companies in CT and many other states are required by law to cover telemental health services. Telehealth does not include the use of fax, audio-only telephone, e-mail, or videotelephony products such as FaceTime and Skype.

### **SOME POTENTIAL RISKS OF TELEMENTAL HEALTH**

#### **SOME LIMITATIONS OF TELEMENTAL HEALTH SERVICES:**

- Technological failures causing disruptions to the session including but not limited to unclear video, loss of sound, loss of video, poor internet connection, or loss of internet connection.
- Risk of misunderstanding one another when the communication lacks visual or auditory cues that may be clear during in-person sessions.
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions
- Must electronically share and sign practice and consent forms and accept risks that come with transmitting information and documents over the internet

### **BENEFITS OF TELEMENTAL HEALTH**

- Less limited by geographical location and transportation concerns
- Decrease in travel time and ability to meet virtually during inclement weather conditions
- Ability to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable
- Ability to meet virtually when not feeling well, or when unable to travel due to medical conditions

### **ELIGIBILITY**

Lightship Family Counseling, LLC is only able to provide telemental health services to clients located in the state of Connecticut during session times where your therapist holds a license. Please note, if you are out of state for work or personal reasons at the time of a scheduled session, Lightship Family Counseling, LLC will be unable to provide services and you may be responsible for paying a late cancellation fee. Clients must submit a valid ID during the initial consultation and provide a copy for the medical file if not previously obtained by Lightship Family Counseling, LLC prior to the first telemental health session. Telemental health may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit better from another form of service (e.g. face-to-face sessions) or another provider, an appropriate recommendation will be made.

Psychotherapist practicing telehealth services:

- Cassandra Popek, LMFT License Number 001730

## **PRIVACY AND CONFIDENTIALITY**

The current laws that protect privacy and confidentiality also apply to telemental health services. Exceptions to confidentiality are described in the Notice of Privacy Practices. All existing laws regarding client access to mental health information and copies of mental health records apply. Telemental health services are provided through the HIPAA compliant, secure software Kareo or your insurance carriers secure web portal. No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store video or audio from sessions.

## **EMAIL CORRESPONDENCE**

Clients will be contacted by Lightship Family Counseling, LLC through their Kareo Patient Portal, Kareo messaging center, general correspondence, or secure email server. General correspondence that does not include protected health information can be sent to the general correspondence email address. Any information that contains private health information, client updates, or are not pertaining to schedule changes please email the secure email.

- General Correspondence: [lightshipfamilycounseling@gmail.com](mailto:lightshipfamilycounseling@gmail.com)
- Secure Email: [LFC@counselingsecure.com](mailto:LFC@counselingsecure.com)
- Kareo Patient Portal: use login credentials created by client. You may call/email Cassandra for assistance if you are locked out.

## **CLIENT EXPECTATIONS DURING TELEMENTAL HEALTH SESSIONS**

- Telehealth services can only be conducted while the client is in the State of Connecticut
- Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers
- Internet connection with at least 750kb/s download and upload speeds
- Access to Google Chrome or Mozilla Firefox, (latest release versions) web browsers
- Proper lighting and seating to ensure a clear image of each party's face
- Dress appropriate to an in-office visit
- Environment appropriate to an in-office visit. If you are unable to meet in your home or office due to privacy concerns, telemental health sessions may be held in a car. However, this car must be parked in a safe location with proper lighting. Sessions will not be held if clients are driving in the car.
- Engage in sessions in a private location where you cannot be heard by others
- Only agreed upon participants will be present; the presence of individuals unapproved by both parties will be cause for termination of the session.
- Client must disclose the physical address of their location at the start of the session; unknown locations will be cause for termination of the session
- Client shall provide a phone number where they can be reached in the event of service disruption

## **EMERGENCY PROTOCOL**

Client is to provide the name and contact information for a local emergency contact. In the case of a mental health emergency during a telemental health session where a client is at imminent risk of harming themselves or someone else, Lightship Family Counseling, LLC will contact the client's local emergency services. The contact information for the client's nearest emergency room will also be on record. Release of Information forms will be completed for necessary entities unless confidentiality must be breached to protect the safety of the client or another identified individual.

## **PAYMENT PROCEDURES**

Telemental health services will be billed through the client's insurance carrier. Client must pay amount responsible for as deemed by insurance (high deductible, percentage, or co-pay). Payments can be made through clients Kareo Patient Portal, at time of session (card on file), or by calling Cassandra at 860-331-9548. Client must pay for their responsible amount due deemed by insurance for telemental health services using a credit,

debit, or HSA card. If the client decides to have a card saved on file it will be charged following each telemental health session. It is up to the client to notify Lightship Family Counseling, LLC by the end of the session if they wish to use a different credit card for payment or to change their credit card on file. **It is the client's responsibility to call their insurance carrier to ensure telemental health services are covered under their insurance plan.** If not covered through insurance, client will be responsible for the Standard Fees charged by Lightship Family Counseling, LLC:

Initial Intake: \$200

30 Minute Session: \$100

45 Minute Session: \$150

60 Minute Session, 60 Minute Crisis Session, or 50 minute Family/Couples Session: \$175

**CONSENT FOR TELEMENTAL HEALTH TREATMENT**

I hereby consent to engage in telemental health services with Lightship Family Counseling, LLC and my therapist Cassandra Popek, LMFT. I understand that telemental health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

**CLIENTS EMAIL ADDRESS IN WHICH THEY ARE CONSENTING FOR LIGHTSHIP FAMILY COUNSELING, LLC TO SEND AND RECEIVE EMAILS TO/FROM:**

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Email Address

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Client Signature

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Printed Name of Client

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Parent/Legal Guardian Signature

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Printed Name of Parent/Legal Guardian

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Please indicate relationship to client

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Phone Number

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Date

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Date