Catholic Charities Counseling

Tele-behavioral Health Services

Introduction

Tele-behavioral Health involves the use of electronic communications, enabling therapists to provide services to individuals who would otherwise not have adequate access to care. Tele-behavioral Health may be used for services such as individual counseling, follow up appointments, and training/education in a group setting. The limitations of Tele-behavioral Health can be addressed and are fairly minor depending on how well the sound and video are working during the Tele-behavioral Health session.

Expected Benefits:

- Improve access to care by enabling individuals to remain in their community - alternative: reduce barriers to healthcare by providing services in the community
- Access to the expertise of a specific specialist

Possible Risks:

- Information transmitted may not be sufficient (e.g. Poor resolution of images) to allow for appropriate treatment such as play therapy, marriage counseling, and EMDR
- Delays in treatment could occur due to the deficiencies or failures of equipment
- In very rare instances, security protocols could fail, causing a breach of the privacy of personal information. However, security measures will be taken to prevent a breach of privacy

Additional Points for Client Understanding:

1. I understand that Tele-behavioral Health services are completely voluntary and that I can choose to discontinue services at any time
2. I understand that Tele-behavioral Health sessions will not be recorded or photographed.
3. I understand that the laws that protect the privacy and confidentiality of client information also apply to Tele-behavioral Health, and that no information obtained in the use of Tele-behavioral Health which identifies me will be disclosed to other entities without my consent.
4. I understand that because this is a technology-based method of delivering services, sometimes it may be necessary for a technician to assist with the equipment. Such technicians will keep any information confidential.
5. I understand the Tele-behavioral Health is done over secure communication system that is almost impossible for anyone else to access, but that since it is still a possibility, I accept the very rare risk that this could affect confidentiality.
6. My therapist explained to me how the videoconferencing technology will be used. I understand the Tele-behavioral Health sessions will not be exactly the same as in person session due to the fact that I will not be in the same room as my therapist.
7. I understand there are potential risks of technology, including interruptions, unauthorized access, and technical difficulties. I understand my therapist or myself can discontinue the Tele-behavioral Health sessions if it is felt that the videoconferencing connections are not adequate for the situation.

8. I understand that my demographic information may be shared with other individuals for scheduling and billing purposes.

9. I understand that I may experience benefits from the use of Tele-behavioral Health in my care, but that no results can be guaranteed or assured.

10. I understand that if there is an emergency during a Tele-behavioral Health session, my therapist will call emergency services and my emergency contacts.

11. I understand that if the video conferencing connection drops while I am in session, that I will have a phone line available and will contact my therapist and or tell the technician that the connection dropped.

12. I understand that I will be asked to create a safety plan with my therapist in case of an emergency.

I understand the information provided above regarding Tele-behavioral Health. I have discussed the consent with my therapist or assistant as maybe designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Tele-behavioral Health in my care.

________________________________________ Date:_____________________________

Signature of Client

If authorized signer, relationship to client:_____________ Date:____________________________

been offered a copy of the consent form (client's initials):________________________