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TELEMENTAL HEALTH STATEMENT AND CONSENT

Telemental health is defined as follows:

“The mode of delivering services via technology-assisted media, including telephone, video, internet, smartphone, tablet, PC desktop or other electronic means using appropriate encryption technology for electronic health information. (Georgia Code 135-11-.01)

There are several factors that need to be considered regarding the delivery of Telemental Health services in order to provide you with the highest level of care. Your Personal Health Information (PHI) is one of them. I have completed specialized training in Telemental Health and have several policies to assure your PHI remains confidential. These are discussed below.

Landline Telephone

Even landline phones may not be completely secure and confidential. Someone could overhear or intercept your conversation with special technology. Individuals who have access to your phone or phone bill may be able to determine who you have talked to and other details of the call. If you have a landline and provide me with it, I may contact you regarding scheduling appointments if needed. If this is not acceptable to you as a form of contact, please let me know.

Cell Phones

Cell phones also may not be completely secure or confidential. Someone could overhear or intercept your conversation with special technology. Individuals who have access to your phone or phone bill may be able to determine who you have talked to and other details of the call. However, I realize that most people have and utilize cell phones. I may contact you on your cell phone, typically regarding setting up appointments as needed. I keep your cell phone number in my phone listed by your initials only and my phone is password protected. If this is a problem, please let me know and we will discuss options.

Please initial that you have read this page _____

Text Messaging

Text messaging is not a secure means of communication and may compromise confidentiality. However, I realize that most people prefer texting since it is fast and convenient. **Nonetheless, please know that it is my policy to utilize this means of communication for appointment information only.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all texts or a summary as part of your clinical record.

Email

Email is not a completely secure means of communication and may compromise confidentiality. However, I realize that most people prefer emailing since it is convenient. **Nonetheless, please know that it is my policy to utilize this means of communication for appointment information primarily.** Please save therapeutic information for your sessions and do not put them in email as your confidentiality can be compromised. If you are in a crisis, please do not email me because I may not see it in a timely manner. (Refer to Emergency Procedures). Also, you need to know that I am required to keep a copy or summary of all emails as part of your clinical record.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc.

It is my policy to not accept friend requests or connection requests from any current or former client on my personal social networking sites because it may compromise your confidentiality and blur the boundaries of our relationship. However, I have a professional Facebook page (Jennifer Brown, LCSW). You are welcome to “follow” me on these professional pages where I post information about my services, groups forming, and sometimes inspirational messages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Jennifer Brown, LCSW. Please refrain from making contact with me using Facebook Messenger. This method has insufficient security and I do not watch them frequently. I would not want to miss an important message from you.

Video Conferencing (VC):

Video conferencing is an option to conduct remote sessions over the internet where we can speak to one another and ask see each other on a screen. I utilize . This platform is encrypted to the federal standard and HIPAA compatible. If we use this technology, I will give you detailed directions regarding how to log on securely. Please sign onto the platform at least 5 minutes prior to your session to ensure we get started promptly. Note that you are responsible to initiate the connection with me at the time of your appointment.

Please initial that you have read this page_____

I strongly suggest that you only communicate through a computer or device you know is safe (i.e. has a firewall, virus-software installed, is password-protected, not accessing the internet through a public wireless network, etc.).

Electronic Transfer of PHI for Billing Purposes:

If you are using insurance to pay for your sessions, please now that I am using a billing service who has access to your PHI. Your PHI will be securely transferred electronically to Therapy Notes. This company has signed a HIPAA Business Associate agreement which requires them to maintain your confidentiality using federally-approved encryption. You may also receive correspondence from your insurance company.

Electronic Transfer of PHI for Credit Card Transactions:

I utilize Square as the company that process your credit card information. This company may send the credit card holder a text or email receipt indicating the date of my services and the amount charged. Please notify me if you do not want a receipt via text or email. The transaction will also appear on your credit card bill. The name on the charge will appear as Jennifer Brown.

YOUR RESPONSIBILITIES FOR CONFIDENTIALITY AND TELEMENTAL HEALTH

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers or hackers could overhear your communication or have access to the technology you are interacting with. Additionally, you agree to record any Telemental Health sessions.

IN CASE OF TECHNOLOGY FAILURE

During a Telemental Health session, we could encounter a technological failure. The most reliable back up plan is to contact one another via telephone. Please make sure you have a phone with you, and that I have that phone number. If we get disconnected, please end and restart the session. If we are unable to reconnect within a few minutes, please call me.

If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to my phone service, and we are not able to reconnect, I will not charge you for the session.

Please initial that you have read this page _____

LIMITATIONS OF TELEMENTAL HEALTH THERAPY SERVICES

Telemental Health Services should not be viewed as a complete substitute for therapy conducted in my office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking, I may not be able to see a tear in your eye. Or, if audio quality is lacking, I might not be able to hear a crack in your voice I would be able to pick up in my office in person.

There may also be a disruption to the service (e.g. phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that I have the utmost respect and positive regard for you and your wellbeing and I would never do or say anything intentionally to hurt you in any way. I strongly encourage you to let me know if something I do or say over telehealth services has upset you. I invite you to keep our communication open at all times to reduce possible harm.

CONSENT TO TELEMENTAL HEALTH SERVICES

Please check the Telemental health services below that you are authorizing me to utilize for your treatment and administrative purposes. Together, we will determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying me in writing.

- Texting
- Email
- Video conferencing (when available)
- Phone

Technology is constantly changing and there are implications to all of the above that we may not realize at this time. Feel free to ask questions and share your feelings and thoughts about these modalities of communication and treatment.

COMMUNICATION RESPONSE TIME

My practice is considered to be an outpatient facility and I am set up to accommodate individuals who are reasonably safe and resourceful. I am not available at all times. If at any time this does not feel like this is sufficient support, please let me know and we can discuss options. I will return calls, texts, emails, within 24 hours when possible, but certainly within 48 hours. I do not return calls, texts, or emails on holidays or weekends.

Please initial that you have read this page _____

If you are having a mental health crisis, please follow the directions below.

IN CASE OF EMERGENCY

If you are having a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call 911.
- Go to the nearest psychiatric emergency room.
- Call Lifeline at (800) 273-8255.
- Call Behavioral Health Link at (800) 715-4225.

If we include Telemental Health as part of your treatment, there are additional procedures that we need to have in place. These are for your safety in case of emergency and are as follows:

- If you are having suicidal or homicidal thoughts, or in a crisis that we can not solve remotely, I may determine that Telemental Health services are not appropriate for you.
- I require an Emergency Contact Person (ECP) whom I may contact on your behalf in the case of a life-threatening emergency only. Please write this person's name and contact number below. The ECP must be someone who is willing and able to go to your location in the event of an emergency and can take you to the hospital if that is indicated. We will contact this individual ONLY in the extreme circumstances state above.
- ECP NAME: _____
- ECP Number: _____
- You agree to inform me of the address where you are at the beginning of every Telemental Health session.
- You agree to inform me of the nearest mental health hospital to your primary location that you could go to in the event of a mental health emergency. Please list this hospital and contact number here:
- Hospital: _____
- Phone number: _____

STRUCTURE AND COST OF SESSIONS

I offer primarily face-to-face therapy sessions. However, based on your treatment needs, I may provide phone or video conferencing. The structure and cost of both in person sessions and Telemental Health sessions are \$125 per 50-60 minute session, unless otherwise negotiated between you and I prior.

Please initial that you have read this page _____

The fee for each session is due at the conclusion of the session unless you are paying in advance on a monthly basis. Cash, personal checks, credit cards, and Health Savings cards are acceptable forms of payment. I will provide you with a detailed receipt monthly at your request that may also be used for insurance purposes or tax purposes, as applicable. Please note that there is a \$30 fee for any returned checks.

Phone calls, texting or emails over 15 minutes are billed at my hourly rate. I require a credit card ahead of time for Telemental Health sessions. Your credit card will be charged at the end of each Telemental Health session, unless we have arranged and agreed upon another method of payment.

CANCELLATION POLICY

If you are unable to keep either a face-to-face appointment or a Telemental Health appointment, you must notify me and we will reschedule a make-up session (a session in addition to your regular weekly sessions) within the next week. If not, you will pay the full session fee for the missed session. Insurance companies do not pay for missed sessions. If you pay by insurance, you will have to pay in full for a missed session.

AGREEMENT TO ENTER A THERAPEUTIC RELATIONSHIP

Please print, date and sign your name below indicating that you have read and understand the contents of this form. Your signature also indicates that you agree to the policies and authorizing me to begin treatment with you. This updated Consent form replaces any previously signed informed consent forms.

Please ask if you have any questions about this document.

Client Name (Please Print)

Date

Client Signature

The signature of the Therapist below indicates that she has discussed this form with you and answered any questions you have regarding this information.

Therapist's Signature

Date

Please initial that you have read this page_____

