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Licensed Marriage & Family Therapist & Integrative Psychotherapist

INFORMED CONSENT FOR TELEMENTAL HEALTH SERVICES

The following information is provided to clients who are seeking TeleMental Health (TMH). This document covers your rights, risks and benefits associated with receiving services, my policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign it.

TeleMental Health Defined

TMH means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

Limitations of TeleMental Health Therapy Services

While TMH offers several advantages such as convenience and flexibility, it is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption to the service (ie phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is risk of misunderstanding one another when communication lacks visual and auditory cues. For example, if video quality is lacking for some reason, I might not see various details such as facial expressions. Or, if audio quality is lacking, I might not hear differences in your tone of voice that I could easily pick up if you were in my office. Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, I will take every precaution to insure a technologically secure and environmentally private session. As a client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider using a 'do not disturb' sign/note on your door. The virtual sessions must be conducted on a wifi connection for the best connection and to minimize disruption.

In Case of Technology Failure

I understand that during a TMH session we could encounter a technological failure. Difficulties with hardware, software, equipment and/or services supplied by a third party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and our session cannot be completed via online video conferences, please call me at 651-434-0466. For this reason, make sure you have a phone with you, and I have that phone number at the start of the session. We may also reschedule if there are problems with connectivity.

Structure and Cost of Sessions

I offer face-to-face psychotherapy as the primary and preferred mode of treatment. However, based on inclement weather, illness, pandemics, etc, I may provide virtual psychotherapy if your treatment needs determine that TMH services are appropriate for you.

Health Partners covers 'telehealth' or 'telemedicine' psychotherapy sessions. We are both responsible for understanding your mental health benefits. I have verified that I am allowed to provide TMH services for HP.

For private pay clients, we are not obligated to use a secure video system and therefore have more freedom in how we use telehealth, as long as you understand that I am informing you that FaceTime, Skype and standard phone calls are not secure and you agree and are choosing to use those modalities. You also can use the secure system I use, Doxy Me.

The structure and cost of TMH sessions are exactly the same as face-to-face sessions described in the informed consent that you signed at the beginning of your treatment with me.

Audio & Video Recordings

By signing this information and consent form below, you agree and acknowledge that neither you nor Pamela J. Kowal, MS, LMFT, will record any part of your sessions unless there is a written agreement to do so.

Consent to Treatment Using TeleMental Health (aka Telehealth/Telemedicine)

I, voluntarily, agree to receive synchronous therapy services through the use of <https://doxy.me/pkowal> (HP clients) and/or phone, FaceTime, Skype, or through <https://doxy.me/pkowal> (private pay clients). I have been offered the time and opportunity to ask questions and seek clarification of anything unclear to me.

Cancellation policy (same as face to face)

I ask that you give a 24-hour business day notice if you cannot keep your appointment. If you do not give a 24-hour notice, you will be charged \$100 for each missed session. You are responsible for this fee before your next scheduled visit, and please note that insurance does not cover cancellations/missed appointments.

I have read the above information and understand my obligations:

Client name: _____

Client signature: _____ Date: _____

