



*Hope Recovery,  
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## Informed Consent for Individual Telemental Health Services Read Carefully Before Signing

### **The Therapy Process**

Therapy is a collaborative process where you and your therapist will work together to achieve goals. This means that you will follow a defined process supported by scientific evidence, where you and your provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between client and their provider. To foster the best possible relationship, it is important you understand as much about the process as possible before deciding to commit.

Therapy begins with the intake process.

First, you will review this consent information, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits.

Second, you will discuss what to expect during therapy, including the type of therapy, the length of sessions (50 minutes), and the risks (such as talking about unpleasant things and having unpleasant feelings) and benefits of therapy. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional.

Third, you and your provider will discuss a diagnosis and will form a treatment plan. This may include discussion about the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take.

After intake, you will attend regular therapy sessions through video, called telemental health. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

### **Challenges of the Therapy Process**

When beginning to work on issues, as they come into the forefront of your awareness, this can cause increased stress or distress. For survivors of abuse and sexual trauma, this can mean more

difficulty with your symptoms related to the trauma you experienced. This is a normal experience and is expected in treatment as you begin to work on things. Your treatment program will include steps to introduce coping skills to help you prepare for this to be able to accommodate for increased stress and distress that may occur because of the trauma work.

Therapy is most effective when you are able to attend on a regular basis. Frequent absences and attendance where there is frequent distractions and children present can reduce effectiveness of your treatment progress. Telemental health can help with this for some individuals as children can be occupied with things in their own environment and occupy themselves with toys and activities allowing you to participate in treatment without distraction.

### **Standardized Assessments**

Assessments often include a clinical interview, mental status, exam, and use of various testing tools that measure factors such as personality or intelligence. Information is used to answer questions about diagnosis and treatment recommendations. We do not provide psychological testing, and if needed, you will be referred out.

### **Confidentiality**

Information will not be released without your expressed permission. Exceptions to confidentiality are as follows:

1. Disclosure is required by law when there is reasonable suspicion of abuse of children, elderly persons, or dependent adults, or where the client presents a serious danger of violence to another.
2. Disclosure is permitted by law allowing protective measure to be taken if you are likely to harm yourself.
3. There is a court order issued from a judge to release mental health records.

Your therapist will use a HIPAA-compliant platform from a secure internet connection to protect the confidentiality of your sessions. You are responsible for the following:

1. Be in a consistent private setting, alone with the door closed.
2. Use a secure Wi-Fi/Internet connection rather than public or free Wi-Fi.
3. Should someone enter the room you are in, alert your therapist.

## **Telemental Health**

You will be attending regular therapy sessions through an audio/visual platform, called telemental health. Participation in therapy is voluntary and you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future. Because of the factors needing to be considered regarding the delivery of Telemental Health services, your provider has completed specialized training in Telemental Health services.

## **Benefits and Risks**

Research continues to affirm the efficacy of telemental health services with studies showing that videoconferencing is as effective as face-to-face treatments.

Potential Benefits of telemental health therapy is allowing survivors who live in remote areas with limited counseling options or transportation limitations to be able to seek treatment. It saves time and cost by cutting travel time, cost of paying for a sitter or taking off extra time from work to make appointments. It reduces the potential for running into someone else that you know from your community in the waiting room. It allows for more consistency of appointments as there is less risk of illness due to exposure from others coming into the office with illness. There is a level of comfort of being able to participate in your own home.

Potential Risks of telemental health therapy is that there is a risk of a breach of confidentiality by unauthorized persons due to technology and privacy. There is the possibility that someone could overhear your session. There could be a failure of technology which can disrupt the therapy session.

Distractions due to being at home can be a reason that telemental health is not a great fit for someone. It's important to be set up to have a quiet room where you have privacy and the ability to focus on your therapeutic session. Children who are unable to entertain themselves throughout a session when there is repeated disruption can be another consideration of whether telemental health is a good fit.

## **Active Participation/Avoiding Distractions**

You are encouraged to freely and openly share your concerns as well as experiences, feelings and reactions with the group. You will discuss as a group how best to identify that you need time to talk during the group to avoid interrupting others. Please keep in mind the following considerations so you and others can feel your “presence” in group.

1. Connect with both video and audio is required.
2. Do your best to eliminate distractions and interruptions (silence phone calls, texts messages, emails and other notifications)
3. Look at the screen/camera to show you are attentive.

4. Suggestions for being fully present in session are to sit at a desk with your device at face level, use a tablet or computer rather than a cell phone, and sit with a light source behind your camera so your chest and face are visible.

### **Fees**

At your intake, fees were discussed with you for your individual therapy. Those fees are due at the beginning of every session or per the payment agreement you made. Some group members may choose to pay in advance for services rendered on a monthly basis. If you pay in advance and have an excused absence, then that payment will be held as a credit for future sessions. Payment can be made by debit or credit card. As the administrative costs of running a practice change, session fees may be adjusted accordingly. In such cases, your group therapist will discuss the adjusted fee with you at least 30 days before a change will come into effect.

Fees are \$120.00 for intake assessment (60 minutes), \$120.00 for 50-minute therapy session. \$60.00 for 90-minute group therapy session. We do not currently accept Insurance Benefits. If requested, we will provide you with a superbill to submit to your insurance provider.

### **No-Show and Late Cancellation Fees**

If you are unable to attend therapy, you must contact your Provider one day before your session. Otherwise, you may be subject to the full fee. Insurance does not cover this fee.

Full payment is due at the time of your session. If you are unable to pay, please inform administration and you will be rescheduled.

### **Administrative Fees**

Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. Court preparation, travel and court time is \$120.00 per hour, prorated to 15 minutes. Payment is due in advance.

Payment Methods • The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your

responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges. The practice may approve cash or check payment.

### **Crisis Management and Intervention**

At the start of each session, you will be asked to provide the address at which you are attending telemental health sessions and an emergency contact to your therapist. By providing this information, you agree to have your therapist contact your emergency contact and any additional emergency personnel as needed in the event of an emergency. What constitutes an emergency is at the discretion of the therapist and includes but is not limited to becoming incapacitated during the course of a sessions and/or expressing harm to self or others when your therapist is unable to reach you for further assessment.

If you are having thoughts of suicide or are unsure of your ability to maintain the safety of yourself or others, you agree to utilize crisis services as agreed upon by you and your therapist. To be connected to a counselor during regular business hours, you can call the main line at (765) 505-8908. For 24/.7 crisis support, you can call the National Suicide Hotline at (800) 784-2433. If you need immediate attention and/or your concerns are life-threatening, please call 911 or go to the nearest emergency department.

### **Record Keeping**

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes.

TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity.

### **Communication**

Administrative office for scheduling and billing questions: 765-505-8908 Administrative fax: 855-948-4440 (These numbers are secure for personal health information when leaving a message or using fax)

Outside of session, you may communicate with your provider via email regarding administrative matters. Emails are available by secure contact but should not be used to communicate personal information. You may choose to receive appointment reminders via email. You should carefully consider who may have access to your email before choosing to communicate via this method. Emails are only responded to during office hours, and should never be used for crisis contact.

Hope Recovery uses Secure Communication. Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.

### **Social Media/Review Websites**

If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.

Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.

If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

### **Privacy Information**

Hope Recovery (the “Practice”) is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

### **Your Rights**

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI. • You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee. • The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI. • You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request. • The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications. • You can ask the Practice to contact you in a specific way. The Practice will say “yes” to all reasonable requests. To limit what is used or shared. • You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.

You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply. To obtain a list of those with whom your PHI has been shared. • You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently. To receive a copy of this Notice. • You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically. To choose someone to act for you. • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated. • You can file a complaint by contacting the Practice using the following information:

Hope Recovery, PO Box 411, Clinton, Indiana 47842

Attention: Kristen Price, MA, LMHC 765-505-8908

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

The Practice will not retaliate against you for filing a complaint. To opt out of receiving fundraising communications. • The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

## OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you. • The Practice can use and share PHI with other professionals who are treating you. • Example: Your primary care doctor asks about your mental health treatment. To run the health care operations.

The Practice can use and share PHI to run the business, improve your care, and contact you. • Example: The Practice uses PHI to send you appointment reminders if you choose. To bill for your services.

The Practice can use and share PHI to bill and get payment from health plans or other entities. • Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including: To help with public health and safety issues

Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.



Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Serious threat to health or safety: To prevent a serious and imminent threat.

Abuse or Neglect: To report abuse, neglect, or domestic violence. To comply with law, law enforcement, or other government requests

Required by law: If required by federal, state or local law.

Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.

Law enforcement: For law locate and identify you or disclose information about a victim of a crime.

Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.

National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.

Workers' Compensation: To comply with workers' compensation laws or support claims. To comply with other requests

Coroners and Funeral Directors: To perform their legally authorized duties. • Organ Donation: For organ donation or transplantation.

Research: For research that has been approved by an institutional review board.

Inmates: The Practice created or received your PHI in the course of providing care.

Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object Unless you object, the Practice may disclose PHI: To your family, friends, or others if PHI directly relates to that person's involvement in your care. If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes: Marketing, sale of PHI, and psychotherapy notes. You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

### **Our Responsibilities**

The Practice is required by law to maintain the privacy and security of PHI. • The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law. • The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice or using the information above. • The Practice will inform you if PHI is compromised in a breach.

### **Consent**

I have read and understood the information provided above, and agree to abide by the guidelines for participation in group telemental health. I am satisfied that I have had the opportunity to have any questions or concerns addressed by my mental health provider. By submitting this document, I agree to abide by its terms.