

## Informed Consent for Telehealth Services

In response to the COVID-19 Pandemic, the Center for Medicare and Medicaid Services approved the provision of psychotherapy using secure, HIPAA compliant teleconferencing technology. A number of health insurance companies have also permitted the provision of telebehavioral health services for at least 90 days beginning March 15, 2020. As approved providers for Medicare and select health insurance provider panels, we have the equipment and software to be able to provide confidential services to you in your home or in another secure location. However, there are a number of precautions that need to be observed in order to ensure that the services we provide are appropriate for the needs of each new client. This informed consent policy is meant to clarify what you can expect from us as you request telehealth services, as well as your responsibility in order to enter into a contract for psychotherapy services using videoconferencing.

### **In Order to Schedule an Initial Consultation You Will Be Asked to:**

Complete our online History Form

Complete our online Symptom Checklist

Submit your Insurance card in order for us to verify your benefits prior to the first session

Submit your driver's license number

Our New Client Assessment Team will review the information that you provide to ensure that the referral is appropriate for our practice. **Once you have completed your online History and Symptom Checklist, our Assessment Team will notify you within 2 business days if we are able to offer you an Initial Consultation via Telehealth.** If you are not appropriate for the practice, we will attempt to make referrals to other resources in the community. If you are appropriate for the practice, we will find an appointment with the provider whom you requested if they are accepting new clients. We also reserve the right to recommend other providers in our group practice that are providers for your insurance and who have the requisite training and experience for your needs. After the first appointment, if additional information emerges that indicates that your needs are beyond the scope of our practice, we reserve the right to refer you to community resources.

### **Exclusions:**

Family Psychology Associates has served the Tampa Bay community since 1992. Our success is based upon recognizing the types of clients that we serve most effectively. This also means that we have identified problems that are not appropriate for treatment via telehealth. This includes the following:

Substance abuse

Domestic violence

Self-harm

Suicidal or homicidal thoughts  
Delusions or hallucinations

There are also some clients that we do serve well, but they require close interaction that is not consistent with social distancing.

Young children  
Developmental and learning disorders

Finally, the vast majority of our clients use Medicare or private insurance to assist with the cost of treatment. Unless your insurance company has waived cost sharing on the part of patients, we are required to collect your deductibles and copayments. We will expect you to keep a credit card on file so that we can process your copayments at the time of service. If you are unable to supply a credit card, you may make arrangements to prepay by check. If you cannot afford your cost sharing, we will refer you to community mental health facilities.

**Confidentiality:**

Your Private Health Information will be treated with the utmost confidentiality in the same way that face to face services are protected. This includes documentation of each session and the associated insurance claims. Your Private Health Information cannot be released to any third party without your written authorization. If you would like to have information released, you may complete an Authorization for the Release of Information form located on the New Clients page of our website.

It is your responsibility to ensure that you are in a private place for our sessions so that you will not be overheard or interrupted. You are also responsible for having access to videoconferencing hardware and internet access that is reliable. If it is determined that your internet access is not sufficient to allow for a productive therapeutic interaction, we may be able to complete that session by phone. However, if this is a persistent problem, we will refer you to a provider who can serve you on a face to face basis.

In the case of minors, it will be most effective for each session to begin and end with contact with a parent or legal guardian. This ensures that the internet connection is satisfactory and it also allows for the identification of risk that may necessitate a referral to a more intensive form of treatment. After the introduction with the parent or guardian, it will be best for the minor to have access to a private space for the interview with the therapist.

**Emergency procedures:**

We are an outpatient practice and we do not have privileges to treat clients in an inpatient or a residential treatment facility. If during the course of treatment it is determined that there is a risk to yourself or others, we are empowered to notify local emergency services to determine if an involuntary hospitalization is warranted. Furthermore, if a substance abuse crisis occurs, we

reserve the right to terminate treatment until the underlying substance abuse disorder is addressed. We are mandated reporters of child abuse and elder abuse. We are also trained to identify indicators of domestic violence and we will notify authorities in order for them to conduct a welfare check, if we believe that there is imminent risk.

**If you have any questions about this Informed Consent for Telehealth Services, please call 727-725-8820 for more information.**

---

**Client**

---

**Date**

---

**Family Psychology Associates Staff**

---

**Date**