**Authorization, & Consent for**

**Tele-Health via Video Conferencing**

**Intake and Therapeutic Programming**

Tele-Health via Video Conferencing is an option for us to conduct remote sessions, including your initial intake and any follow up needed, over the internet where we not only can speak to one another, but we may also see each other on a screen.

Missouri law states that you must be physically located in Missouri for us to use telehealth unless special permission has been granted by the state you are visiting. The therapist you are working with must be licensed in the state you are in to use video conferencing.

Safe Connections has set up a web-based video conferencing platform through Doxy.Me. This video conferencing platform is encrypted to the federal standards, is HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Doxy.Me is willing to attest to HIPAA compliance and assumes responsibility for keeping our video conferencing interaction secure and confidential. No video will be recorded or kept on file. We will document your intake session, any subsequent communications and therapy sessions in a note as standard.

Use of this technology will be optional and will be offered on an as needed basis when a situation warrant its use and when clients have access to the internet. Your therapist will discuss this in more detail as needed.

Video conferencing services should not be viewed as a complete substitute for onsite services and/or therapy unless there are circumstances that prevent you from attending therapy in person. It is an alternative form of therapy and it involves limitations. Primarily, there are risks for misunderstanding due to internet speed which may impair video and sound quality. For example, if video quality is lacking for some reason, we may not see you frown in or hear a change in your tone of voice. There may also be a disruption to the service (e.g., sound gets cut off or video is blurry). This can be frustrating and interrupt the normal flow of interaction. It could even cause confusion about your relationship with your therapist if it seems they missed something.

In unforeseeable emergency situations or times of crisis, the use of tele-health and phone sessions may be the only option available to support delivery of services to our clients. Please check in with your therapist if you feel uncertain about a response or change your mind about using video conferencing.

If you agree to use video conferencing, you will be provided with detailed directions on how to log-in securely. We ask that you please sign on to the platform a few minutes earlier than scheduled prior to your session time to make sure we get started on time. Most video conferencing sites such as Doxy.Me have a waiting area which allow us to see you check in. We will pick up the session from there.

We ask that you start the call process so you can assess your safety and privacy prior to making the call. If it is unsafe to link into the waiting area, please check in with your therapist by phone, when it is safe to do so, to reschedule.

I encourage the use of a computer or device that you know is safe, e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network,

etc. Some exceptions to type pf device used may apply during times of crisis so as to not limit your access to services.

 It is important that you and your therapist create a private space on both sides of the video call to support safety and in order to maintain confidentiality. Please feel free to discuss any safety concerns or individualized needs around your safety with video conferencing or use of this technology. Your therapist will want to be able to problem solve and safety plan with you as needed.

**Safe Connections Emergency Procedures Specific to Tele-Health Services**

There are additional procedures that we need to have in place specific to Tele-Mental Health services or video conferencing. These are for safety and in case of an emergency were to occur as follows:

**Please initial or provide verbal consent as necessary -**

**\_\_\_\_\_\_\_** I understands that there is a risk of potential inaccuracies with tele-health audio/video, that data feed may be incomplete and influence documentation inaccuracies. I **agrees to proceed** with tele-health video conferencing voluntarily and hold Safe Connections harmless knowing these risks.

\_\_\_\_\_\_\_ I agree to confirm the address where I am at the beginning of every video conferring session.

\_\_\_\_\_\_\_ I understand that Staff at Safe Connections are mandated reporters and are required to report information to the appropriate state reporting agency if incidents of abuse and/or neglect to children, elderly or disabled persons are revealed or observed during service delivery.

\_\_\_\_\_\_\_ I understand that Staff at Safe Connections are ethically responsible to report information to the appropriate emergency facility when clients pose a risk of harm to themselves or others.

\_\_\_\_\_\_\_ I understand that if I am having suicidal or homicidal thoughts, experiencing symptoms that add to my feeling emotionally or physically unsafe or are in a heightened state crisis, we may need to reassess needs and working remotely. It is possible for my own safety that my therapist may determine that I need a higher level of care than we are able to provide through video conferencing and that video conferencing may not be appropriate for me. We will discuss option available to me in those cases.

\_\_\_\_\_\_\_ I may require an Emergency Contact Person (ECP) who my therapist may contact on my behalf in a ***life-threatening*** emergency only. If I am under 18, my ECP, is my parent or guardian listed on the Safe Connections Informed Consent. Either I or my attending therapist will verify that the ECP is willing and able to come to my location in the event of an emergency including transport to a hospital. If an ECP is not able to be reached, or in lieu of an ECP, it is possible that the police

could be called for a wellness check to keep me safe. Calling for a wellness check will be at the discretion of my attending therapist.

My signature or verbal consent in emergencies indicates that I understand that my therapist will only contact this individual in the extreme circumstances stated above. Please list your Emergency Contact

Person here:

ECP

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Technology Failure

During a video conferencing session, we could encounter a technological failure. If you and your therapist get disconnected from a video conferencing session, please link back into the waiting area so they may reconnect with you. For safety, if we are unable to reconnect within ten minutes, please call your intake therapist or assigned individual therapist.

Structure and Cost of Sessions

We do not charge a fee for in person sessions or video conferencing for intake, therapy or group sessions. Intake assessment sessions may require up to 90 minutes. Your intake therapist will need to have all required paperwork in place to complete the assessment. They will discuss the best and safest way for you to get the needed documents to us. Completing an intake assessment is not a guarantee for services. If it is determined that Safe Connections is not the best fit for your needs, we will discuss alternative options and provide referrals for you.

The structure of individual therapy sessions for video conferencing are exactly the same as face-to-face session in that they will run 50 minutes and require the client and therapist to work with some direction towards goals. The parameters set forth in the Safe Connections Informed Consent for Services, signed at the assessment, stand and continue to guide standards for services and expectations with video conferencing, phone sessions and session on site services.

It is important to note that clients are responsible for the cost of any technology they may use at their own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc.

Cancellation Policy

In the event that you are unable to keep any video conferencing appointment, please give your therapist notice as soon as possible, 24 hour notice is preferred in all cases. Multiple missed assessment appointments, two or more, without notice may impact your ability to reschedule or reschedule in a time that best suits your needs. If your assessment therapist needs to cancel, they will reach out to you by whatever means you have provided, and deemed safe, to contact you to provide reasonable notice.

Once assigned to therapy, we will require 24-hours’ notice to cancels you appointment. In cases of emergency only, the 24-hour prior notice procedure may be waived. Three missed session without notice will result in a reevaluation of the therapy time set aside for you and could result in your file

being closed in some cases. If your therapist is unable to make your session, they will make every attempt to contact you in a timely manner and leave a message when it is safe to do so.

Your Responsibility in Regard to Confidentiality

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 others that could either overhear your communications or have access to the technology that you are using. Additionally, you agree not to record any Tele-Health video conferencing sessions.

Communication Response Time

We are required to make sure that clients are aware that Safe Connections is located in Missouri and we abide by Central Standard Time. As a reminder there may be limits to using video conferencing with individuals that may need more acute care. Therapist may still be reached after hours in an emergency through our **24-hour Crisis Helpline at 314-531-2003**.

When a therapist is unavailable due to being out of the office, they will work on a crisis and/or safety plan with you. As appropriate, your intake therapist will work on any needed safety planning with you during the intake and provide instructions for what to expect for follow-up after your intake. **The Safe Connections Crisis Helpline is available to you as a means to support at any time 24/7.**

If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

I**n the Case of an Emergency**

If you have a mental health emergency, we encourage you not to wait for communication back from your therapist, but use one or more of the following services:

* Behavioral Health Response, (314)469-6644 or (800)811-4760, www.bhrstl.org, Free & Available 24/7
* Life Crisis Suicide Prevention Lifeline, PBH (800)273-8255 or chat online: <https://suicidepreventionlifeline.org/chat/>
* Call 911
* CenterPointe Hospital, (636)441-7300 or (800)345-5407, [www.centerpointehospital.com](http://www.centerpointehospital.com), Free Assessments
* Go to the emergency room of your choice.

Please print and sign your name below along with the date indicating that you have read and understand the contents of this form, and you agree to the policies above. Verbal consent will also serve as your signature of consent when special circumstances are present, in an emergency or state of crisis. In cases of verbal consent, your therapist will document your agreement in a session

notation. By participating in telehealth services with Safe Connections, I am indicating consent to receive services delivered via video conference.

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Client Name (Please Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Date

**Verbal consent provided by client: Yes No**

**Client’s identity is confirmed: Yes No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed in person or date verbal consent was provided by client Time verbal consent recorded