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Telemental Health in Georgia  
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### INFORMATION, AUTHORIZATION, & CONSENT TO TELEMENTAL HEALTH

Thank you for choosing my services. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding our work. TeleHealth is "a mode of delivering services via technology-assisted media, including telephone, video, internet, smartphone, tablet, computer or other electronic means using appropriate encryption technology for electronic health information." (Georgia Code 135-11-.01)

TeleHealth is a relatively new concept, and I have completed specialized training to protect your confidentiality and provide you with the highest level of care. I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

#### The Different Forms of Technology-Assisted Media Explained

##### Telephone via Landline

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my own landline in my office or from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. Telephone conversations (other than just setting up appointments) are billed at my hourly rate.

##### Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically only regarding setting up an appointment if needed. Telephone conversations (other than just setting up appointments) are billed at my hourly rate. Additionally, I keep your phone number in my cell phone, but it is listed by your initials only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

##### Email:

Email is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations. Please do not bring up any private content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all emails as part of my notes that address anything related to therapy.

Email (other than just setting up appointments) is billed at my hourly rate for the time I spend reading and responding to them. If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see below under "Emergency Procedures." Finally, you also need to know that I am required to keep a copy or summary of all email as part of my notes on our work that address anything related to our work.

##### Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is my policy not to accept "friend" or "connection" requests from any current or former client on my personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

Please initial that you have read this page: \_\_\_\_\_

However, Wild Child Counseling and Parenting Beyond Punishment have professional Facebook pages and @wildchildATL is the Instagram handle. You are welcome to "follow" any of these professional pages where I may post information on mental health, motherhood, child development, parenting, and other information related to mothers, parents, adolescents, children and families. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to them. Please refrain from making contact with me using social media messaging systems such as Facebook Messenger. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

### **Google, Bing, etc.:**

It is my policy not to search for my clients on Google, Bing or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

### **Blogs:**

I may post information on child development, parenting, and other information related to children and families on my professional blog. If you have an interest in following my blog, please feel free to do so. However, please be mindful that the general public may see that you're following my blog. Once again, maintaining your confidentiality is a priority.

### **Video Conferencing (VC):**

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. I utilize Doxy.me and Zoom.US. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Zoom.US is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, I will give you detailed directions regarding how to log-in securely. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with me at the time of your appointment.

I strongly suggest that you only communicate through 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.).

### **Recommendations to Websites or Applications (Apps):**

During the course of our work, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like to use this information as adjunct to our work.

### **Electronic Transfer of PHI for Certain Credit Card Transactions:**

I utilize Square to process your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card for my services, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as Wild Child, Parenting Beyond Punishment, or Amy Bryant.

Please initial that you have read this page: \_\_\_\_\_

## Your Responsibilities for Confidentiality & TeleHealth

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, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleHealth sessions.

## Communication Response Time

I'm required to make sure that you're aware that I'm located in the Southeast and I abide by Eastern Standard 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 do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I will return phone calls, texts, or emails within 48 hours. However, I do not return calls, texts, or emails on weekends or holidays, or when I am on vacation. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

## In Case of an Emergency

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

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call TransLife Safe Hotlines: (877)565-8860
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice.

## Emergency Procedures Specific to TeleHealth Services

There are additional procedures that we need to have in place specific to TeleHealth services. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleHealth services are not appropriate.

I also require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

## In Case of Technology Failure

During a TeleHealth session, we could encounter a technological failure. If we are unable to reconnect within ten minutes I will not charge you for that session and we will reschedule.

## Structure and Cost of Sessions

I agree to provide TeleHealth therapy for the fee of \$175.00 per 45 minute for individual sessions and \$250 per 45 minute family sessions (2+ people); 90-minute sessions are \$250/individual and \$325/family. Texting and emails (other than just setting up appointments) are billed at my hourly rate for the time I spend reading and responding; typically \$75/300 words.

Insurance companies have many rules and requirements specific to certain benefit plans. At the present time, many do not cover TeleHealth services. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement for TeleMental Health services. As stated above, I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

You are also responsible for the cost of any technology you may use at your 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 either a face-to-face appointment or a TeleHealth appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

## Limitations of TeleHealth Therapy Services

TeleHealth services should not be viewed as a complete substitute for 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 for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office.

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. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I've done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

## Consent to TeleHealth Services

By completing this document you are authorizing me to utilize TeleHealth services for our work and for administrative purposes. You may withdraw your authorization to use this service at any time during the course of your treatment just by notifying me in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to my practice, and I will be utilizing that technology unless otherwise negotiated by you.

In summary, 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 please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Please complete the following information indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing me to utilize the TeleHealth methods discussed.

\_\_\_\_\_

**Client Name (Please Print)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Client Signature**

**If Applicable:**

\_\_\_\_\_

**Parent's or Legal Guardian's Name (Please Print)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent's or Legal Guardian's Signature**

Your therapist's signature below indicates that he or she has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_

**Therapist's Signature**

\_\_\_\_\_

**Date**