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INFORMED CONSENT ADDENDUM: TELEMENTAL HEALTH THERAPY

The following information is provided to clients who are seeking telemental health therapy. 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.

TELEMENTAL HEALTH THERAPY DEFINED

Telemental health services means the remote delivering of mental/behavioral 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 conferencing is the preferred method of service delivery.

RISKS AND LIMITATIONS OF TELEMENTAL HEALTH THERAPY SERVICES

While telemental health 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. Among the risks that are presently recognized is the possibility that the technology will fail before or during the consultation, that the transmitted information in any form will be unclear or inadequate for proper use in the consultation(s), and that the information will be intercepted by an unauthorized person or persons.

There may be a disruption to the service (e.g., phone gets cut off or video drops) or physical interruption. This can be frustrating, interrupt the normal flow of session, and limit the time and effectiveness of the session. As the client, you are responsible for finding a private and quiet location where the sessions may be conducted. Consider using a “do not disturb” sign/note and/or locking your door. Additionally, it is your responsibility to test your technology and equipment prior to sessions to ensure functionality. The virtual sessions should be conducted on a high-speed secure wi-fi connection to minimize the possibility of a lost connection.



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Some information that could ordinarily be obtained in an in-person consultation may not be readily observable in a telemental health session. There is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is poor, it may be difficult for your therapist to pick up on subtle cues in facial expressions, body posture, etc. If audio quality is poor, your therapist might not hear differences in your tone of voice that he/she/they could easily pick up on if you were present in the office. Such missing information could in some situations make it more difficult for your therapist to understand your problems and help you with your goals. Additionally, your therapist may be more limited in his/her/their ability to render any emergency assistance if you experience a crisis.

Telemental health services rely on technology and there are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality and theft of personal information. However, there are ways to maximize privacy and security. One such way is to identify a unique codeword known only to you to confirm your identity and to ensure you are alone and safe in your space. The virtual sessions should be conducted on your secure wi-fi connection to minimize the possibility of interception. It is also important for you to not share your code word or passwords to your devices with others, to use your own equipment to communicate and not equipment owned by another, to use a secure network, and to not use an employer's computer or network. Any information you enter into an employer's computer can be considered by the courts to belong to your employer and your privacy may thus be compromised.

Code word:



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STRUCTURE AND COST OF SESSIONS

Your therapist offers face-to-face psychotherapy when appropriate and available. However, based on your ability to make in-person sessions and my availability, I may provide virtual psychotherapy if your treatment needs determine that telemental health services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, telemental health, or both. Your therapist will discuss what is best for you and check-in periodically to re-assess for appropriateness and effectiveness. If you are currently actively suicidal or homicidal or engaging in non-suicidal self-injurious behaviors, telemental health is likely insufficient for your needs.

The structure and cost of telemental health sessions are the same as face-to-face sessions described in the Informed Consent form. All other policies as outlined in the informed consent apply.

Please remember that your insurance company may or may not cover therapy via phone or video. Please contact your insurance provider to verify coverage via telemental health. You are responsible for the cost of the session if it is not covered by your insurance.

TECHNOLOGY AND EQUIPMENT

Your therapist will use a secure end-to-end encrypted HIPAA-secure platform. Currently, your therapist uses doxy.me for end-to-end encrypted HIPAA-secure virtual sessions. Your therapist's virtual room can be found at <https://doxy.me/DrJanaCorbett> . This platform does not require you to download software. The link to the virtual room will open a browser and take you to a virtual waiting room where you can check-in. All that is required is a supported browser on a computer or device with a camera and microphone.

Prior to our first virtual session, you agree to visit the link to trouble-shoot any issues with your web camera, microphone, and browser setup. This can be addressed through the "Pre-call Test," available once you have checked in. Please allow yourself plenty of time to trouble-shoot as you will be responsible financially for the hour of your session.



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It is also strongly suggested that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Additionally, please be aware that any information that you enter into an employer's computer can be considered by the courts to belong to your employer and your privacy may thus be compromised. It is recommended that you use your own equipment to communicate and not equipment owned by another, and specifically not using your employer's computer or network.

For electronic exchange of PHI, we receive confidential faxes at (503) 715-2514.

IN CASE OF TECHNOLOGY FAILURE/DISRUPTION OF SERVICES

During a telemental health session, there may be 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 the session cannot be completed via online video conferencing, please call your therapist back at: 971-401-8293. Please make sure you have a phone with you and that your therapist has that phone number. If your therapist is unable to communicate with you following a disruption, be aware that she may call your emergency contacts or call emergency services if she suspects risk of harm to self or others. Please note, you may be responsible financially for the session time if, due to problems with connectivity, the shortened duration of time renders the session unbillable to insurance.

As a precaution, you will need to provide information for an emergency contact person. This must be completed to participate in telemental health services.

CLIENT ACKNOWLEDGEMENT AND AGREEMENT/CONSENT TO TREATMENT

I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my code word, and/or connectivity link. I shall not allow another person to use my user code word or connectivity link to access the services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation. I understand that there will be no



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recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

I agree to the cost and structure of telemental health sessions and the late cancellation/no-show policy. I agree to follow the Disruption of Services Plan and give permission for my therapist to contact my emergency contact in the event of a mental health crisis.

I voluntarily agree to receive online therapy services for an assessment, continued care, treatment, or other services and authorize Jana Corbett, PhD to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Jana Corbett, PhD at any time.

By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. I acknowledge that ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Signature

Date _____

Client Printed Name
