

Dorothy Hughes, MS, NCC, LMHC
Licensed Mental Health Counselor (IN License 39000908A)
Level III Reiki Practitioner

8465 Keystone Crossing, Suite 208, Indianapolis, IN 46240
765- 237 - 7652 djhugheslmhc@yahoo.com <http://dorothyjhughes.com/>

Telemental Health Services Informed Consent

Overview

Due to state mental health licensing laws, my telemental health services are limited to Indiana residents. You will need access to technology services and tools to engage in telemental health-based service with me.

Telemental health has both benefits and risks, which you and I will be monitoring as you proceed with your work.

It is possible that receiving services by telemental health will turn out to be inappropriate for you, and that you and I may have to cease working by telemental health.

You can stop working by telemental health at any time without prejudice.

You will need to participate in creating an appropriate space for your telemental health sessions and participate in making a plan for managing technology failures, mental health crises, and medical emergencies.

I follow security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy.

What is telemental Health?

Indiana's definition of "Telemental health" is "the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across a distance." I typically provide telemental health services using [Doxy.me](https://doxy.me), a secure HIPAA approved telemedicine Internet platform, phone and Email. You will need access to Internet service and technological tools needed to use the above-listed tools in order to engage in telemental health work with me. If you have any questions or concerns about the above tools, please address them directly to me so we can discuss their risks, benefits, and specific application to your treatment.

Benefits and Risks of Telemental Health

Receiving services via telemental health allows you to receive services at times or in places where the service may not otherwise be available, in a fashion that may be more convenient and less prone to delays than in-person meetings, and when you are unable to travel to my office.

The unique characteristics of telemental health media may also help you make improved progress on health that may not have been otherwise achievable without telemental health.

Receiving services via telemental health has the following risks:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples: Internet connections and cloud services could cease working or become too unstable to use. Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out. Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools. I may also be unable to help you in-person.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and me at the time of service, and the technological tools used to deliver services. I will assess these potential benefits and risks, sometimes in collaboration with you, as our relationship progresses.

Assessing Telemental Health's Fit for You

Although it is well validated by research, service delivery via telemental health is not a good fit for everyone. I will continuously assess if working via telemental health is appropriate for your case. If it is not appropriate, I will help you find in-person providers with whom to continue services.

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Please talk to me if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to me is often a part of the process.

You also have a right to stop receiving services by telemental health at any time without prejudice. I also provide services in-person and if you are reasonably able to access the them, you will not be prevented from accessing those services if you choose to stop using telemental health.

Your Telemental Health Environment

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with me during the session. If you are unsure of how to do this, please ask me for assistance.

Our Communication Plan

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, I have the following policies regarding communications:

The best way to contact me between sessions is calling or texting 765-237-7652 or via email. I typically respond to messages within 24 business hours except on weekends or holidays. I may also respond sooner if able. Our work is done primarily during our scheduled sessions. Contact between sessions should be limited to *confirming or changing appointment times and billing questions or issues*.

My practice is in the Eastern time zone. Please note the time difference if you live in the Central time zone.

Please note that all textual messages you exchange with me, e.g. emails and text messages, will become a part of your health record.

I may coordinate care with one or more of your other providers. I will use reasonable care to ensure that those communications are secure and that they safeguard your privacy and do so only upon you signing a release of information form.

Our Safety and Emergency Plan

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with me. I will require you to designate an emergency contact. You will need to give me permission to communicate with this person about your care during emergencies. I will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage in the creation of these plans and that you follow them when you need to.

Your Security and Privacy

Except where otherwise noted, I employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For

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example: when communicating with me, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

Recording:

Please do not record video or audio sessions without my written consent. Making recordings can quickly and easily compromise your privacy and should be done so with great care. I will not record video or audio sessions.

Acknowledgement of Review of Telemental Health Policy:

By signing below, I am indicating that I have read this document, understand my rights as a client, and accept the responsibility as stated. I have been offered a printed copy of the Telemental Health Policy and all questions regarding these policies have been answered to my satisfaction. This document is also available at <http://dorothyjhughes.com/>

Client Name (please print)

Signature of Client

Date

Client Name (please print)

Signature of Client

Date

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier.

Name of responsible party
(please print)

Signature responsible party

Date