



Licensed Professional Counselor
Registered Play Therapist-Supervisor

Informed Consent for Tele-Mental Health Services

This document is meant to be a supplement to the Informed Consent for Treatment

Tele-Mental Health services via video conferencing (“distance counseling”) is an option for Angie Hoffman, LPC, to conduct remote consultations and sessions over the internet where Angie Hoffman, LPC and client may speak with one another and see each other on a screen. Distance counseling includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Before distance counseling may be provided by Angie Hoffman, LPC, the client must be informed of, understand, and agree to all of the terms set forth herein, and attest to such by signing the end of this document. By signing this document, the client states his/her understanding that distance counseling has potential benefits, including convenience of meeting from a location of the client’s choice, but that such services will not be the same as direct client/Angie Hoffman, LPC clinician visit due to the fact that the client and clinician will not be in the same room. Please note that the law now states that the client has to be physically located in Missouri for Angie Hoffman, LPC to work with the client unless special permission has been granted by the state client is visiting.

I understand that I have the following rights with respect to distance counseling:

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

The laws that protect the confidentiality of my medical information also apply to distance counseling. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the Tele-Mental Health interaction to researchers or other entities shall not occur without my written consent.

I understand that if Angie Hoffman, LPC believes I would be better served by another form of therapeutic services (e.g. face-to-face services, group therapy), I will be referred to a therapist who can provide such services in my area.

I understand that I may benefit from distance counseling, but results cannot be guaranteed or assured.

Limitations:

There are limitations of distance counseling that can affect the quality of the session(s). By signing below, you indicate your understanding that there are risks and consequences involved with distance counseling, including, but not limited to, the possibility that, despite reasonable efforts on the part of Angie Hoffman, LPC, the transmission of medical information could be disrupted or distorted by technical failures or interrupted by unauthorized persons, and the electronic storage of medical information could be accessed by unauthorized persons. These risks are offset by Angie Hoffman, LPC’s use of a HIPAA-compliant service that is encrypted for video Tele-Mental Health communications. Additional limitations of distance counseling include, but are not limited to, the following:

- If audio only, Angie Hoffman, LPC cannot see me, my body language, or my non-verbal reactions to what we are discussing.

- Due to technology limitations, Angie Hoffman, LPC may not hear all of what I am saying and may need to ask me to repeat myself.
- Technology might fail before or during the counseling session.
- Although every effort is made to reduce confidentiality breaches, breaches and unauthorized access may occur for various reasons.
- To reduce the effect of these limitations, Angie Hoffman, LPC may ask me to describe how I am feeling, thinking, and/or acting in more detail than during a face-to-face session. I may also feel that I need to describe my feelings, thoughts, and/or actions in more detail than I would during a face-to-face session.

Your Responsibility in Regard to Confidentiality

Please communicate only through devices that you know are secure. It is the client’s 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 the communications or have access to the technology that you are interacting with. You understand that other devices (such as Alexa and Google Home devices) in close proximity to you may be recording or listening to your sessions without your knowledge. To maintain confidentiality, the client shall not share his or her Tele-Mental Health appointment link with anyone unauthorized to attend the appointment. Additionally, the client agrees not to record any Tele-Mental Health sessions.

Emergency Procedures Specific to Distance Counseling and Tele-Mental Health Services

Angie Hoffman, LPC has additional procedures in place specific to distance counseling. These are for the client’s safety in case of an emergency and are as follows (please initial to indicate understanding and agreement, and complete as appropriate):

_____ Client understands that distance counseling is NOT an Emergency Service and in the event of an emergency, the client will use a phone to call 911.

_____ The client understands that if the client is having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that Angie Hoffman, LPC and the client cannot work through remotely, Angie Hoffman, LPC may determine that the client needs a higher level of care and distance counseling services are not appropriate.

_____ The client must designate an Emergency Contact Person (ECP) who Angie Hoffman, LPC may contact on the client’s behalf in a life-threatening emergency only. Please write this person’s name and contact information below. Either Angie Hoffman, LPC or the client will verify that the ECP is willing and able to go to client’s location in the event of an emergency. Additionally, the ECP agrees to take the client to a hospital if the client, the client’s ECP, or Angie Hoffman, LPC determines necessary. The client’s signature at the end of this document indicates that the client understands Angie Hoffman, LPC will only contact the ECP in extreme circumstances. Please indicate the client’s Emergency Contact Person here:

ECP Name: _____

Phone: _____

_____ The client agrees to inform Angie Hoffman, LPC of the address where the client is at the beginning of every distance counseling session.

_____ The client agrees to inform Angie Hoffman, LPC of the nearest mental health hospital to their primary location that the client prefers to go to in the event of a mental health emergency. Please list this hospital and contact number here:

Hospital: _____

Phone: _____

In the Case of an Emergency

If the client has a mental health emergency, Angie Hoffman, LPC encourages the client not to wait for communication back from Angie Hoffman, LPC, but use one or more of the following services:

- Call 911
- Call Behavioral Health Response, (314)469-6644 or (800)811-4760 (Free & Available 24/7)
- Call the Suicide Prevention Lifeline, (800)273-8255, or chat online:
<https://suicidepreventionlifeline.org/chat/>
- Go to the emergency room of your choice

By signing below, you indicate that you have read and understand the contents of this form, including the risks and benefits of Tele-Mental Health services and distance counseling, that you have been given ample opportunity to ask questions and any such questions have been answered to your satisfaction by Angie Hoffman, LPC, and that you agree to the policies above.

Client or Parent/Guardian Signature

Date

Angie Hoffman, LPC's Signature

Date