INFORMATION, AUTHORIZATION, & CONSENT TO TELEMENTAL HEALTH

Thank you so much for choosing the services that I provide. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to TeleMental Health. TeleMental Health is defined as follows: “TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care.

Text Messaging: Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. Therefore, I use texting for appointment changes/non-clinical contact, non-clinical check-ins in my therapy practice. I will sign my correspondence with “Dr. Bauman”. I ask you to abide by that. Please use the phone for clinical matters.

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. Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. I strongly suggest 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.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely manner. 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. If we need to share a document that you would prefer to receive outside of our sessions, I will request your permission to send it first.

Written Mental Dialogues: For those clients participating in Narrative Story Work, please be sure to send your draft through Google Docs, with an invitation to edit. This allows me to access your document and edit, without it being sent electronically. Please also use your initials when naming your document, and only use initials in your writing. The fee for my review and feedback is $50 per draft.

Your Responsibilities for Confidentiality & TeleMental Health: 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 TeleMental Health sessions.

Communication Response Time: My practice is not a 24 hour available practice and contacts will be returned within 24 hours and may not be returned on holidays or weekends or scheduled vacations. 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 your local Crisis Line for free and confidential help at CALL OR TEXT: 919-231-4525 | 877-235-4525 OR go to your local emergency room. 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 or other distressing feelings, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate.

In Case of Technology Failure During a TeleMental Health session: We could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number. If we are unable to reconnect within 5 minutes, please call me. If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to my phone service, and we are not able to reconnect, I will not charge you for that session.

Structure and Cost of Sessions: I use phone sessions as an adjunct to treatment, not in place of in-person treatment or when winter weather, illness or state or national emergency keep you from coming to my office. I may provide phone, and/or video conferencing 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. We will discuss what is best for you. The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions described in your client form: $150 per hour.

Cancellation Policy: In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health 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 $100 late cancellation fee after one miss allowed in a calendar year.

Limitations of TeleMental Health Therapy Services: TeleMental Health services should not be viewed as a complete substitute for therapy conducted in my office, unless there are extreme circumstances that prevent you from attending therapy in person. I utilize these forms of therapy only when a relationship has been securely created and only for when in-person therapy is not possible temporarily. It is an alternative form of therapy or adjunct therapy, and it involves limitations.

Risks: there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, 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 TeleMental Health Services: Together, we will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying me. I may also let you know if phone sessions are not appropriate for the type, stage of therapy or emotional situation you are in.

Please print, date, and sign your name below 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 TeleMental Health methods discussed.

I have read all three pages and understand their meaning _____ Initials

_____ Client Name(s) _____
(Please Print)

_____ Client(s) Signature _____

Date _____

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

____Therapist's Signature

_________________ Date