

CENTER FOR LIFE ENHANCEMENT

301 Philadelphia Avenue Chambersburg PA 17201 | michellelittle@C4LE.com

Informed Consent for Telemental Health Therapy with Michelle Little MS, LPC:

This Informed Consent document, along with an ongoing verbal discussion, serves to outline various aspects of the virtual counseling process and my policies. Telemental Health sessions are for adults, over the age of 18. Minors, between 14-18 years of age may be seen virtually on a case by case basis.

Confidentiality:

What you say to your Therapist is private and protected by state and federal laws and several sets of ethical codes. There are however, a few exceptions to confidentiality you should be aware of:

- Diagnosis, CPT code, and dates of service shared with the client's insurance company (if billing insurance) to collect payments.
- Mandated reporting of physical or sexual abuse of minors, under the age of 18.
- Imminent plans and/or intentions for suicide or homicide.
- Cases where you (the client) sign a release of information.
- Information necessary for peer consultation with colleagues.
- Information required by a Court of law.

Risks and Benefits:

Undergoing therapy either in person or virtually, can have some risk. Talking about trauma and/or very upsetting things can bring up unpleasant feelings, increase psychiatric symptoms, disturb appetite, and/or interfere with sleep. It can feel as if things are getting worse before they get better. However, these feelings are usually temporary and transient. Additionally, the benefits of Therapy often outweigh the risks. **Benefits of Therapy include: better understanding of your life's journey, increased knowledge of your symptoms and triggers, improved coping skills, a deeper self-awareness, as well as, improved interpersonal relationships, and more effective communication skills.**

Risks of Telemental Health:

- My email is not HIPAA compliant, and that by using these methods of communication, you are aware of possibly not having complete confidentiality, due to this means of communication being unencrypted.
- I understand that despite reasonable efforts, the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- I understand that Zoom is HIPAA compliant.
- I understand that teletherapy based services may not be as complete as face- to-face services.

Benefits of Telemental Health:

- The flexibility of the virtual medium.
- Decreased travel costs
- Improved access to talk therapy.

Technology Use Policy:

For the best experience we will use Zoom (or the (717) 977-5547 number as a backup) as the only venue for Telemental Health sessions. You must have Zoom app downloaded onto your computer, tablet or phone. I will email you a link for the video session, via Square Appointments. Click on it when our session is scheduled to start. You will need to turn on the video and audio functions on your device in order to have the full experience.

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If you choose to receive them, Square scheduling sends text message appointment reminders, and that you will be unable to text message me back. Email will only be used for the coordination of scheduling appointments. Neither the Therapist, Client, and/or Client's guests in session (family member/friends) will conduct audio and or visual recording without prior written permission.

If you need to reschedule or cancel an appointment, please do before your appointment time, by calling, emailing, or by using Square Appointments.

Emergency Situations:

My virtual office hours are from 9am-5pm Monday through Friday. You can reach me at (717)977-5547, which is a confidential line. I will check voice mail messages and emails at least one time per day during above stated office hours. If you have an emergency or are in crisis after hours or on the weekend, please call:

- Keystone Crisis (Franklin County) (717) 264-2555
- Cumberland County Crisis (717) 263-2222
- 911

Your Rights and Responsibilities:

You have a right to non-intrusion of the Therapist. This means that other than calling/emailing you to schedule/confirm an appointment, I will not intrude upon your personal time. Additionally, since the area we live in is a rural town, we may run into each other in public: you will always have the right to say hello first. You have the responsibility to participate in Therapy, in order to get what you want out of it. In other words, your therapy is directed by you, with the Therapist serving as a guide.

Termination of Therapy:

You have the right to stop Therapy at any time, for any reason. You also have the right to be informed of your treatment options if you should choose to end your therapy with me. You also understand that we may discuss referral for treatment if I feel that another therapist or healthcare provider would offer a more appropriate level of care.

I _____ hereby consent to engage in Telemental Health counseling with Michelle Little MS, LPC. I understand that telehealth includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that telehealth also may involve the communication of my medical/mental health information.

I have read, understand, and fully agree to the information provided in this Informed Consent:

Client Printed Name	Signature	Date
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Guardian Printed Name	Signature	Date
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Therapist Printed Name	Signature	Date
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