

## INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the provider will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your provider, we may determine that due to certain circumstances, tele-appointment is no longer appropriate and that we should resume our sessions in-person.

Patient Name: \_\_\_\_\_

Patient/Patient's Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Appointment Reminder Only  
Informed Consent for the use of Text Messaging and Email  
Agreement and release of liability

The Health insurance Portability and Accountability Act of 1996 (HIPAA), allows you to request communications concerning your mental health information be made through alternative methods. Spring River mental Health & Wellness (SRMHW) offers automated text messaging and email for appointment reminders. To receive a text or email reminder, you will need to provide a cell phone number, or your email address and sign this consent.

I understand I am responsible for notifying SRMHW of any changes to my cell phone number, email address, or if I no longer want to be reminded of appointments by text messaging or email. Furthermore, I agree to not hold SRMHW responsible if my confidentiality is breached due to using this form of communication. I also understand that an appointment reminder may still be sent if I fail to cancel my appointment in accordance with SRMHW Client Attendance Policy.

I further understand that by signing this form, I will no longer receive reminder phone calls unless specifically requested.

I hereby authorize SRMHW to notify me of my scheduled appointments using the following acceptable form of communication (Please choose one)

Text Message Reminder

Email Message Reminder

Cell phone number on which you wish to receive messages: \_\_\_\_\_

**Or**

Email address on which you wish to receive messages: \_\_\_\_\_

I have read and understand the information provided above. All of my questions have been answered to my satisfaction.

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Client Name** (please print)

\_\_\_\_\_  
**Client ID number**

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**Informed Consent for the use of Text Messaging Communication with Service Provider**  
**Agreement and release of liability**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows you to request communications concerning your mental health information be made through alternative methods.

In some instances a SRMHW employee may carry a cell phone for business purposes due to working outside the office in the field. SRMHW also offers clients, parents or guardians to communicate by text messaging for specific purposes only. These instances include:

- to notify client the employee is running late
- to discuss pick up/drop off time and location
- to confirm appointment times

Information that should NOT be texted back forth between a client and a SRMHW employee include any HIPPA related communications; for example: diagnosis, medications, treatment, etc.

Text messaging has a number of possible risks that clients, parents or guardians should consider before using text messaging. If the client, parent or guardian is concerned about any information being seen by other people, or if the client has an urgent problem then contacting the local SRMHW during normal business hours should occur. If there is an urgent need after hours the client should contact the after –hours emergency line or their local law enforcement.

Some of the possible risks of using text messaging include, but are not limited to, the following:

- text messages can be sent to other people
- text messages can be sent out or received by many recipients, some or all of whom may have been sent the message accidentally
- text message senders can easily misaddress their message
- text message information is easier change than handwritten or signed documents.
- text message information may be kept on an electronic device even after the sender or recipient believes they have deleted his or her copy
- Employers and on-line services have a right to archive (store) and look at text messages transmitted through their systems. Some, employers store text messages indefinitely
- text messages can occasionally be intercepted, changed, forwarded, or used without authorization or detection
- text messages can be used to introduce viruses into a computer system
- text message can be used as evidence in court

**CONSENT FOR TEXT COMMUNICATIONS with SERVICE PROVIDER:**

I acknowledge that I have read and fully understand the information SRMHW has provided me regarding the risks of using text messaging. I understand the risks associated with the communication of text messages between SRMHW and me, and consent to the conditions outlined. In addition, I agree to the above instructions, as well as any other instructions that SRMHW may impose regarding text message communications.

I wish to participate in sending/receiving text messages and agree NOT to use HIPPA information with SRMHW employees:       Yes                                       No

Cell phone number for texting: \_\_\_\_\_

If I select yes; I understand I must provide a request in writing to SRMHW to revoke said consent should I no longer wish to participate in text messaging with a SRMHW employee.

If I indicate yes; I wish to receive text messages from a SRMHW employee; I understand this number is NOT answered after hours or on weekends and should not be utilized at any time for an urgent matter or mental health crisis. If you have an urgent or critical need you should contact the local SRMHW office in which you typically receive services. (Riverton: 620-848- 2300 and Columbus: 620-429-1860) or if after hours call 866-634-2301.

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client ID number