



## **2. Addendum: Informed Consent for Technology Assisted Services (4.25.2020)**

### **Client Information**

Client Name:

Date/Time:

Time Zone:

Client Phone Number (Guardian if Under Age 18):

Person Completing the Form:

Relationship to Client (If Applicable):

### **In Case of Emergency**

List Three Emergency Contacts (Name, Phone Number and State):

### **SKIP to Next Section (If Lexington, Kentucky Resident)**

Local Police Department Phone Number:

Local Sheriff's Department Phone Number:

### **Informed Consent for Technology Assisted Mental Health Services**

#### Introduction

Technology Assisted Mental Health Services, hereafter referred to as TAMHS, involves the use of electronic communications to enable therapists to provide services to individuals who choose access to care via technology assisted services. TAMHS may be used for services such as individuals, couples, or family therapy, coaching, follow ups,

and training/education in a group setting. TAMHS has over 60 years of development and continues to grow as a mode of delivering care. Although a popular option, there are some limitations to note. Barriers include, but are not limited to, not being an appropriate means of some populations. For example, clientele that are struggling with suicide may not be ideal candidates for TAMHS.

Expected Benefits: Improved access to care by enabling individuals to access treatment from their home or office.  
Expanded access to providers with expertise that may not be available in client's local community.

Potential Risks: My practitioner will be unable to physically touch me or to render any emergency assistance if I experience a crisis. Information transmitted may not be sufficient (e.g. Poor resolution of images) to allow for appropriate treatment such as playtherapy. Delays in treatment could occur due to the deficiencies or failures of equipment. In very rare instances, security protocols could fail, causing a breach of privacy of personal information. However, security measures will be taken to prevent a breach of privacy. Client may not choose a private, secure location in which to participate in the TAMHS session.

### **Additional Points for Client Understanding:**

- 1.) I understand that TAMHS are completely voluntary and that I can choose not to do or not to answer questions at any time.
- 2.) I understand that none of the TAMHS sessions will be recorded or photographed by the therapist or the client.
- 3.) I understand that the laws that protect privacy and confidentiality of client information also apply to TAMHS and that no information obtained in the use of TAMHS which identifies me will be disclosed to other entities without my consent.
- 4.) I understand that because this is a TAMHS, it may be necessary for a technician to assist with the equipment. Such technicians will keep any information confidential.
- 5.) I understand the TAMHS is done over secure communication system that is meets or surpasses HIPPA encryption standards, but there is no absolute guarantee that there a security breach is not possible, and I freely accept the very rare risk that this could affect confidentiality.
- 6.) My therapist explained to me how the TAMHS will be used. I understand the TAMHS sessions will not be exactly as in person session, as I will not be in the same room as my therapist.
- 7.) I understand there are potential risks of technology, including interruptions, unauthorized access, and technical difficulties. I understand my therapist or myself can discontinue the TAMHS sessions if it is felt that use of technology assisted services is no longer effective or appropriate.
- 8.) I understand that my demographic information may be shared with other individuals for scheduling and billing purposes.
- 9.) I understand that I may experience benefits from the use of TAMHS in my care, but that no results can be guaranteed or assured.
- 10.) I understand that if there's an emergency during a TAMHS session, my therapist will call emergency services and my emergency contacts.
- 11.) I understand that if the TAMHS connection drops while I am in a session, that I will have a phone line available and I will contact my therapist.
- 12.) I understand that I will be asked to create a safety plan with my therapist in case of an emergency.
- 13.) I acknowledge that I will not seek to meet with my therapist if I am outside the state of Kentucky.

I understand the information provided above regarding TAMHS. I intend to discuss the consent with my therapist or assistant as designated, and have all my questions answered to my satisfaction. I hereby give my informed consent for the use of TAMHS in the delivery of care.

Signature of Client (or Person Authorized to Sign for a Client):

If Authorized Signer, Relationship to Client::

I Understand I Can Save a Copy of This Signed Consent Form (Client's Initials):

Additional Documentation Required to Begin TAMHS (these must be scanned, sent by text message, uploaded and/or emailed to the therapist prior to treatment beginning.)

Valid Driver's License or Copy of Birth Certificate

Copy of Your Recent Utility Bill (Current Residence)

If a minor is a client and parents are divorced, or child is living with someone other than parents, custody papers evidencing guardians' authority to seek treatment must be provided.

## **TAMHS Safety Plan**

I have provided Jaylee Awakened Ministries, LLC three emergency contact numbers and the number to local emergency services.

If there's an emergency during the session, my therapist has permission to contact my emergency contacts and emergency services.

I have provided Jaylee Awakened Ministries, LLC with a working telephone number to reach me if the TAMHS connection fails during the session.

Jaylee Awakened Ministries, LLC has provided me with a contact number. If connection fails and Jaylee Awakened Ministries, LLC does not call me back within five minutes, then I will call the counseling center.

Additional items (If Needed)::

Signature of Client: (or Person Authorized to Sign for Client):

Signature of Parent/Guardian (Client under age 18):

Date::

Relationship to Client (As Authorized Signer):