Lotus Psychology Group, LLC

TELEHEALTH POLICY

I hereby consent to engage in telemental health (internet based therapy) with _____ , at Lotus Psychology Group, LLC, as either the main venue for my psychotherapy treatment or as needed to maintain treatment as agreed upon together. The secure, HIPAA compliant server to be used is Regroup Connect which requires fast and reliable internet. I understand that telemental health includes the practice of health care delivery, including diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communications. I understand that I must physically be located within the state lines of Michigan and will need to verify my identity and location.

I understand that I have the following rights with respect to telemental health:

I have the right to withdraw consent at any time without affecting my right to future care or treatment.

1) The laws that protect the confidentiality of my medical information also apply to telemental health. 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:
    a) Reporting child, elder, and dependent adult abuse
    b) Expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. (See also Privacy Policies)

2) I understand that there are risks and consequences from telemental health. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that:
    a) The transmission of services could be disrupted or distorted by technical failures;
    b) Misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner
    c) Possible confidentiality breaches if someone should walk into the client's room while in a psychotherapy session. If transmission should fail, your clinician will resume session via phone until internet based therapy has returned.

3) In addition, I understand that telemental health based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a psychotherapist in my area who can provide such service.

4) I understand that I may benefit from telemental health, but results cannot be guaranteed or assured. The benefits of telemental health may include, but are not limited to:
    a) Finding a greater ability to express thoughts and emotions
    b) Transportation and travel difficulties are avoided
    c) Time constraints are minimized
    d) There may be a greater opportunity to prepare in advance for therapy sessions.

5) I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for

a) Providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions
b) Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the psychological treatment provider to do the same on their end.

In emergencies, call 911 or go to your emergency room. If you are having suicidal thoughts or making plans to harm myself, you can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in future, your therapist will recommend more appropriate services.

By signing this form you are in agreement that you have read, understand, and agree to abide by the terms of The Telehealth Policy during our professional relationship.

Patient Name:

Patient/Guardian Signature:

Date: