

Confidentiality & Practice Notice Supplement: Telemental Health

Receiving psychological services from a distance creates a unique relationship between you and I that requires attention to and adherence to the following guidelines. The information below is a supplement to the *Confidentiality and Practice Information* agreement that outlines confidentiality, practice information, payment, and informed consent. Please be sure that you have reviewed, understand, and signed the *Confidentiality and Practice Information* and *Telemental Health* agreements—they both relate to the services that you are seeking and will be receiving.

For the purpose of this supplemental form, **telemental health services** shall refer to those mental health practices that occur between myself (Dr. Karen Eberwein) and you (the client) which are conducted over the telephone or through electronic transmissions including email and/or other types of two-way interactive video conferencing (e.g. Doxy or Zoom). While telemental health may be as helpful as traditional psychotherapy or counseling services, there are some differences in practice, insurance reimbursement, and risks to your confidentiality that you should be aware of and agree to prior to consenting to services. Please read the following guidelines carefully.

Confidentiality—As stated on the *Confidentiality and Practice Information Form*, all client information is confidential, and will not be released to any third party except at the specific written request of the client, and legal exceptions, which are also outlined and you have agreed to by signing the aforementioned form. For telemental services provided within the United States, the *Health Insurance Portability & Accountability Act (HIPAA) 68* and District of Columbia privacy requirements shall be followed to protect your confidentiality. To the greatest practical extent, I will maintain network and software security protocols to protect your privacy and confidentiality. You must also take certain safeguards to secure your connection. Telemental health services being provided outside the United States shall be in conformance with the District of Columbia state practices. Since I am a psychologist licensed in the District, my general practice and telemental health guidelines must comply with DC laws and licensing requirements. Please be aware that laws around privacy and confidentiality in other countries may not be as strict as those enforced within the United States. This means that when discussing information on a cell phone or through some means of electronic transmission (email, telehealth app, etc), your information may not be private. Depending on the supporting infrastructure present at your location, there may be intentional and unintentional disruptions to privacy during the transmission of the conversation.

Securing your environment – Prior to beginning each session, please make sure that you secure your environment to prevent exposing your confidential information. In addition to securing your internet connection to the best of your ability, be aware of potential intrusions by friends/family members and of the loudness of your voice. Safeguard against others possibly accidentally walking in on or over hearing your conversation. Lastly at the beginning of each session, we will verbally verify that you and I are the only individuals in our consultation rooms.

Termination—Telemental health services may be considered as an alternative to weekly face-to-face sessions; however, not every client is suitable for receiving telemental health services. Under some circumstances, clients need more intensive, face-to-face intervention than can be provided through telemental health mediums. If, during the course of your treatment, it is determined that you would

benefit from traditional psychological services with a more accessible provider, Dr. Eberwein will assist in referring you to the appropriate professional.

Emergency Procedures—Psychiatric emergencies can be experienced during a telemental health visit, similar to an in-person visit. Guidance on who to contact shall be established, agreed upon, and documented on your *Client Information Form* prior to the initiation of telemental health services. In an emergency where your life or health is in danger, and I cannot get your consent, I may contact this individual or another professional, and provide some information to protect your life. I will attempt to get your permission first, and I will discuss this with you as soon as possible afterwards.

Billing—The fee for each 45-minute telemental health session is \$240*, which is the same as my fee for individual counseling or therapy. All or some portion of this fee may be covered by your health insurance policy. I may not work directly with insurance companies; however, am willing to assist you with the necessary paperwork to facilitate your reimbursement. All fees are payable at the time that services are rendered, unless other arrangements have been made, or, in the case of an unforeseen/unavoidable situations arising suddenly. Cash, check, or credit card forms of payment are accepted.

Informed Consent: I acknowledge that I have read and understand the information above. I have had all my questions answered and understand that I may revisit (and ask questions about) any of the above information at any point during the treatment process. I seek and consent to take part in treatment by Dr. Karen Eberwein. I understand no promises have been made to me as to the results of treatment or of any procedures provided by the therapist. I am aware that I may stop my treatment with this psychologist at any time. The only thing I will still be responsible for is paying for the services that I have already received. I understand that I must call or email to cancel an appointment 48 hours (2 days) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment. I am aware that my insurance company (if applicable) may be given information about the types, costs, dates, and providers of the service that I receive.

My signature below means that I understand and agree with all the points above.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

* It may be possible to be flexible in cases of financial hardship, in order to maintain the therapeutic relationship, while the client's finances are reorganized.