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Telebehavioral Health Consent

- Introduction of Telebehavioral Health:

As a client or patient receiving behavioral services through telebehavioral health technologies, I understand:

- *Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.*
- *The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.*
- *As a client, I will contact my insurance provider to determine whether telehealth services are covered under my policy and advise them I am a client working with Stephen T Wilson, in order to create continuity of care. In the event telehealth services are either not appropriate or warranted, or if the client indicates they do not want to engage through this medium, then (when the circumstance warrants) I will refer you to another provider.*
- Software Security Protocols:
 - *Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption. Spruce is encrypted end to end and is HIPAA compliant.*
- Benefits & Limitations:
 - *This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.*
- Technology Requirements:
 - *I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.*
- Exchange of Information:
 - *The exchange of information will not be direct and any paperwork*

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exchanged will likely be provided through electronic means or through postal delivery.

- *During my telebehavioral health consultation, details of my medical history and personal health information may be discussed with myself or other behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.*
- **Local Practitioners:**
 - *If a need for direct, in-person services arises, it is my responsibility to contact practitioners in my area or to contact my behavioral practitioner's office for an in-person appointment or my primary care physician if my behavioral practitioner is unavailable. I understand that an opening may not be immediately available in either office.*
- **Self-Termination:**
 - *I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.*
- **Risks of Technology:**
 - *These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.*
- **Modification Plan:**
 - *My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.*
- **Emergency Protocol:**
 - *In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:*
 - *In emergency situations*
 - *Call the Mental Health Crisis Clinic (360) 586-2800 or 911.*
- **Disruption of Service:**
 - *Should service be disrupted*
 - *Steve will recall. If this does not work, I will work towards re-*

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scheduling.

- For other communication
 - *Spruce has an encrypted electronic messaging feature that you can send messages through.*
- Practitioner Communication:
 - *My practitioner may utilize alternative means of communication in the following circumstances:*
- If I do need to message you, I will do so through the Spruce format.
 - *My practitioner will respond to communications and routine messages as quickly as is possible. I will also address messages in session with you, if I do not get back to you via messaging.*
- Client Communication:
 - *It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.*
 - *I will take the following precautions to ensure that my communications are directed only to my psychologist/therapist or other designated individuals:*
- _____
- _____
- Storage:
 - *My communication exchanged with my practitioner will be stored in the following manner:*
- Spruce Behavioral Health Secure server.
- Laws & Standards:
 - *The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.*

Confirmation of Agreement:

_____ Client Signature

_____ Therapist Signature