

**Catholic Charities of East Tennessee  
Counseling Services**

**INFORMED CONSENT TO PARTICIPATE IN TELE-MENTAL HEALTH TREATMENT**

This document is an addendum to the standard informed consent form and other forms used by Catholic Charities of East Tennessee (CCETN) and does not replace them. All aspects of informed consent for treatment and service provision in that document apply to tele-mental health treatment and service provision. This includes our legal and ethical requirements to respond if we believe you are a danger to yourself and/or another.

Tele-mental health treatment is defined as a mental health treatment delivered using information and communication technologies to facilitate the treatment, education, diagnosis, consultation, care management, and self-management of a client's health care while the client and mental health provider are at two different sites. This modality of service can involve one or more methods of contact, including telephone, live text chat, and computer-based and web-based videoconferencing. Your counselor will confirm the method(s) of contact available to you. Tele-mental health treatment is offered to maintain therapeutic contact and/or other service provision between a client of CCETN Counseling Services and a licensed mental health provider affiliated with CCETN when client and counselor are not able to have sessions face-to-face in a CCETN office.

***Your signature on page 2 of this document asserts the following:***

**You understand that you have the following rights with respect to tele-mental health treatment and service delivery:**

- 1) You have the right to refuse or to withdraw consent to participate in tele-mental health treatment or other service provision at any time. Your refusing or withdrawing consent will not affect your right to future treatment or service provision at CCETN Counseling Services or at any other CCETN program.
- 2) The laws that protect the confidentiality of your personal medical and mental health information, and all other information classified as protected health information, also apply to tele-mental health treatment and service provision.
- 3) Your counselor will participate in sessions only in a private location where she/he will not be overheard or interrupted.
- 4) Your counselor will use a computer, mobile phone, or other device that is not publicly accessible.
- 5) The web-based videoconferencing platform in use at CCETN Counseling Services is Doxy.me. The administrators at Doxy.me attest that their platform is HIPPA compliant and meets or exceeds standard security measures for tele-health service delivery. For more information, visit <https://doxy.me/patients>.
- 6) Your tele-mental health sessions and/or other contacts will be documented and securely stored in the same manner as your face-to-face, in-office contacts.
- 7) Your tele-mental health sessions and/or other contacts will not be recorded by CCETN or your mental health provider; this applies to video and/or audio recording.

**You understand that you have the following responsibilities with respect to tele-mental health:**

- 1) CCETN mental health providers are licensed to practice within the state of Tennessee. Like all licensed mental health providers, they can normally provide services only to people who at the time of a therapeutic contact are physically located within a state where the provider is licensed. Therefore, you must accurately provide your physical location when having a tele-mental health contact.
- 2) You will inform your counselor if your location changes during any session.
- 3) You must accurately provide the name and current telephone number of an emergency contact person. It is your responsibility to ensure that the name and phone number you provide is accurate. You agree to promptly inform your counselor if you need or desire to change the name and/or phone number of your emergency contact. If you do not provide emergency contact person information or if the emergency contact information you provide is incorrect, you



understand that your counselor will contact the police where you are located if your counselor believes you to be in danger of harming yourself and/or another specified person.

- 4) You will dress appropriately for videoconference sessions, as though you were in a face-to-face, in-office session.
- 5) You will engage in sessions only in a private location where you will not be overheard or interrupted.
- 6) You will use your own computer, mobile phone, or other device, or you will use one that is not publicly accessible. You will ensure that the computer or device you use has current, updated operating software.
- 7) You will not record any session or other therapeutic contact; this applies to video and/or audio recording.

**You understand the following potential risks, consequences, and limitations of tele-mental health treatment:**

- 1) Tele-mental health treatment may not provide for you the same benefits that you experience from in-office, face-to-face contact.
- 2) Tele-mental health treatment is not appropriate if you are having a crisis, acute psychosis or other severe mental health problem, or suicidal or homicidal thoughts.
- 3) Tele-mental health treatment may lack visual and audible cues, as well as components of non-verbal communication. This may increase the possibility of counselor and/or client misunderstanding each other and counselor and/or client not having complete accurate awareness or understanding of all aspects of the other's communication.
- 4) Tele-mental health treatment may have disruptions, variations, and delays in the service and quality of the technology used.
- 5) In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons. You agree to not hold CCETN, CCETN staff, and/or your counselor liable or responsible for any failure of security protocol.
- 6) Neither the client nor the counselor should use unsecured Bluetooth or unsecured wi-fi for confidential conversations, including therapeutic contacts.

**You understand the following backup plan in case of technology failure:**

The most reliable backup is a phone. Please make certain that you provide your counselor with the phone number where you can be reached in case of a technology failure or disruption.

In the event you get disconnected from a tele-mental health videoconference session, do the following: end and restart the session by clicking the Doxy.me link your counselor gave you. If you are unable to reconnect within five minutes, your counselor will initiate a phone call to you. Please be aware that the phone number your counselor calls you from may appear on your caller id as a "private number," "restricted number," or "blocked number."

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Choose one of the following two options:

\_\_\_\_\_ I **agree** to participate in tele-mental health treatment or service delivery through Catholic Charities of East Tennessee Counseling Services

\_\_\_\_\_ I **decline** to participate in tele-mental health treatment or service delivery through Catholic Charities of East Tennessee Counseling Services

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
YOUR PRINTED NAME