

HEATHER SLY-HALEY, MS, LPC

Address: 4035 12th St Cut Off SE, Suite 140, Salem, Oregon 97302

Ph:971-720-7702 · Fx:1-503-461-0107 · www.alliesinhope.com

heather@alliesinhope.com · **Crisis Line: 1-800-560-5535**

INFORMATION, AUTHORIZATION, & CONSENT OF TECHNOLOGY IN THERAPY

This document is to inform you about confidentiality, emergencies, and other details regarding your treatment using TeleMental Health. TeleMental Health is becoming more widely used, so using this technology needs an extra level of protection to avoid a breach in confidentiality. To provide you with the highest level of care, I have implemented several policies and protective measures to assure your Protected Health Information (PHI) remains confidential.

Contacting Me

I can be reached by phone/text **971-720-7702** or email at **heather@alliesinhope.com**.

I will return your calls, text and email as soon as possible.

Emergency Procedures Specific to TeleMental Health Services:

We need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate. I require an Emergency Contact Person (ECP) who I may contact on your behalf when I have concern for your safety and well-being. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees to take you to a hospital or Psychiatric Crisis Center. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

Please list your Emergency Contact Person here:

Name: _____ Phone: _____

You agree to inform me of the address where you are at the beginning of every TeleMental Health session. You agree to inform me of the nearest hospital or crisis center to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will be during a TeleMental Health session). Please list this hospital and contact number here:

Hospital: _____ Phone: _____

We will use the following safe word to indicate that someone is in range of hearing our counseling session or someone has entered your therapeutic space during the session:

Please initial you have read this page: _____

If you have a mental health emergency, I encourage you not to wait for communication back from me but do one or more of the following:

Salem Crisis Center: 1-503-585-4949

National Crisis Line: 1-800-560-5535

Trevor Lifeline: 1-866-488-7386

Recovery/Addiction: 800-273-8255 or text 273Talk to 839863

Crisis (Español): 1-888-628-9454

9-1-1 or go to the emergency room

In Case of Technology Failure:

During a TeleMental Health session, we could have a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you and I have that phone number. If we get disconnected from a session, please restart the session. If we are unable to reconnect within ten minutes, please call me. If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session.

The Different Forms of Technology-Assisted Media Explained

Landline Telephone:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my cell phone. If this is not an acceptable way to contact you, please let me know.

Cell Phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. Additionally, I keep your phone number in my cell phone, but it is listed by client number only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Also, sometimes people misinterpret the meaning of a text message and/or the

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emotion behind it. If you happen to send me a text message, you need to know that I am required to keep a copy of all texts as part of your clinical record that address anything related to therapy.

E-mail:

E-mail is not a secure means of communication, and may compromise your confidentiality. Therefore, please do not bring up any therapeutic content via email. Though I have a HIPAA secure email account, this does not guarantee that your email company will keep your email private and secure. I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy. I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see steps under “Emergency Procedures.”

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc.:

It is my policy not to accept "friend" or "connection" requests from any current or former client on my personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our professional relationship. Please refrain from contacting me using social media messaging systems such as Facebook Messenger. These methods have limited security and I do not watch them closely.

Google, etc.:

It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me. If there is content on the Internet that you would like to share with me for therapeutic reasons, please bring it to your session.

Video Conferencing (VC):

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. I utilize TheraNest internal version of Telehealth. The VC platforms are encrypted to the federal standard, HIPAA secure, and they have signed a HIPAA Business Associate Agreement (BAA) with me. The BAA means that TheraNest is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential.

If we choose to utilize this technology, you will be provided a specific link (URL) which is only for that session and will connect you to me. I can provide you with a demonstration how to log in securely. I also ask that you please sign on at least five minutes prior to your session time so we get started promptly. You are responsible for initiating the connection with me at the time of your appointment. I strongly suggest that you only communicate through a computer or device

Please initial you have read this page: _____

that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Also, depending on the device you are using certain browsers will need to be utilized to have the connection for the session.

Desktop or Laptop: Chrome, Firefox, and Safari

Android tablet or mobile phone: Chrome

Apple tablet or mobile phone: Safari

Recommendations to Websites or Applications (Apps):

During therapy, I may recommend that you visit certain websites for information or self-help. I may also recommend certain apps that could be of assistance to you. Please be aware that websites and apps may have tracking devices that allow others to know that you have visited these sites or applications. They may use your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information or if you prefer that I do not make these recommendations.

Your Responsibilities:

I encourage you to communicate only through devices that you know are secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, Virtual Private Network (VPN), etc.). It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology. Additionally, you agree not to record any TeleMental Health sessions.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, internet or phone charges, software, headset, etc. If you are unable to afford these, please let me know as we can discuss alternative options for care.

Limitations of TeleMental Health Therapy Services:

TeleMental Health services are another form of therapy and it has limits. There is a risk of misunderstanding one another when communication lacks visual or voice cues. For example, if video quality is bad for some reason, I might not see a tear in your eye. Or, if sound quality is poor, I might not hear the crack in your voice that I could easily pick up if you were in my office. There may also be a disconnection (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Please know that I have the utmost respect and positive regard for you and your well-being. Please let me know if you think that I may be missing important information.

Please initial you have read this page: _____

Consent:

In summary, technology is constantly changing, and there may be parts that we do not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts.

You may stop your authorization to use any of these services at any time during therapy just by notifying me in writing.

Please print, date, and sign your name below indicating that you have read and understand this form, you have asked any questions and they were addressed, you agree to these policies, and you are authorizing me to utilize the technology discussed.

Technology you **do not want** included in your therapy:

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Signature

My signature below indicates that I have discussed this form with you and I have answered any questions you have regarding this information.

Heather Sly-Haley, MS, NCC, LPC Intern

Date

Please initial you have read this page: _____