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Information and Consent to Telehealth Treatment

This Informed Consent for Telehealth Treatment document contains important information about telehealth treatment using video and audio technology. Please read this document in its entirety and let me know if you have any questions.

Benefits and Risks of Telehealth: Telehealth refers to providing psychopharmacological medication management and/or psychotherapy services remotely using video and audio telecommunications technology. One benefit of telehealth is that the patient and provider can engage in services without being in the same physical location. This arrangement can be useful if it is physically impossible for the patient to get to the office, as in the case of inclement weather. Despite this benefit, there are some differences between in-person visits and telehealth visits, as well as some risks. e.g.

Risks to confidentiality: Using a technological device to have our appointment creates the potential for other people to overhear or illegally access our private conversation. State regulations mandate that I remain in a private location with no other parties accessing the space for the duration of the appointment. Likewise, you should find a private place for our visit where you will not be interrupted, and others will not listen in.

Issues related to technology: Telehealth requires technical competence by both our parties to be effective. Technology may stop working during a visit or the quality of the video call may make it difficult to understand each other. It is your responsibility to obtain the necessary equipment to take part in telehealth.

Crisis management and intervention: Usually, I will not engage in telehealth with clients who are currently in a crisis requiring high levels of support and intervention. If a crisis arises, we may both agree to utilize telehealth services for the initial and immediate assessment of the situation. However, if the crisis is not easily resolved, I may direct you to call 9-1-1 or to go to your nearest Emergency Department.

Telehealth Communication Platform:

Phone calls without video are not considered appropriate telehealth visits. At this time, I utilize a video service integrated into my Electronic Health Records, and which is specifically designed for healthcare, called *Healow TeleVisits*. This service is free for you to use, compliant with all healthcare privacy requirements, and web-based (there is no program or app to download). *Healow TeleVisits* can be accessed using your phone, tablet, or computer. You will receive an email and/or text message reminder 24 hours prior to your appointment which will include the telehealth link. You can also access *Healow TeleVisits* and your telehealth appointment through the patient portal. If *Healow TeleVisits* is down, I will use Doxy.me which is similar and also compliant with privacy requirements.



Confidentiality:

It is my legal and ethical responsibility to protect all communication that is a part of your treatment, to the best of my ability. However, I cannot guarantee that our communication will be kept confidential or that other people may not gain access to our communication, as outlined above. I will always use password protection for my computer, ensure my computer is updated regularly, and utilize network firewalls to minimize the risk of any unauthorized access to my computer. You should also take reasonable steps to ensure the security of our communications (e.g. only using secure, private networks for telehealth visits, and having passwords to protect the device you use for our sessions).

Sessions:

Telehealth is best suited for interactions where a physical exam or lab work is not required. Telehealth sessions require you to devote the same attention to the appointment as you would during an in-person appointment. This means you cannot engage in other activities (i.e., driving, working) during the visit. If I feel that you are too distracted to conduct the visit, I will reschedule the appointment and you will be charged a No-Show fee. Please see the fee schedule. You can stop using telehealth at any time.

Cancellations and associated fees- Mente Behavioral Health requires 24hr notice to avoid a cancellation fee. Cancellations made less than 24hrs in advance, or simply not showing up to your scheduled appointment will result in a fee that you agreed to in the Mente Behavioral Health Patient Agreement of Financial Responsibility Policy.

Problems with Technology:

If the session is interrupted for any reason, such as a network connection failure, please try to reconnect to the video service. If you are unable to reconnect (i.e., the power goes out at your location), I will contact you via telephone to either complete the session without video or reschedule the session. It is your responsibility to test your connection and address any technological issues on your end prior to the appointment.

Fees:

The same copay/coinsurance/deductible rates apply for telehealth sessions as for in-person visits.

Documentation and Recording:

The telehealth visits will NOT be recorded in any way unless agreed to in writing by mutual consent. I will continue to document our telehealth visits in the same way as I maintain your chart for in-person visits.

Informed Consent:

By signing below indicates your agreement with this document's terms and conditions. This agreement is intended as an abbreviation to the General Informed consent that we agreed to at the outset of our treatment relationship but does not change the terms. That document will be sent to you prior to treatment and will be located on the website for your review always. This form can be made available in Spanish upon request. By signing this document, you are agreeing that you have read, understood and agree to the items contained in the following documents:

- a) Information and Consent of Telehealth Treatment
- b) Notice of HIPPA and Privacy Practices including Prisma Consent
- c) Notice of Practice Policies
- d) Financial Agreement



Release of Information and Consent Form

I authorize Elizabeth Gomez, FNP-BC to receive/release my protected health information from/to practices with whom I have an established relationship. This information may be released/obtained and/or shared for the purpose of improving continuity of care.

I understand the following conditions apply to this Release of Information Consent Form:

1. Elizabeth Gomez, FNP-BC cannot be held liable for how other authorized parties protect, store, use, or disclose information that is provided through this Release of Information.
2. I may revoke this Release of Information Consent Form at any time by providing a written request to Elizabeth Gomez, FNP-BC and I will not suffer any undue hardships to treatment to the extent that I understand my treatment may be limited by such revocation.
3. I may decline to sign this Release of Information and not suffer any undue hardship in treatment to the extent that I understand my treatment may be limited by such declination.

Information and Consent to Treatment

Confidentiality- Confidentiality is a key part in a therapeutic relationship. Keeping your Protected Health Information safe is not only a requirement of the law but of my profession as well. There can be some instances where I am required to provide information to and notify the appropriate officials if any of the following situations occur:

- If a legal proceeding requires certain clinical information
- If it is suspected that a child (17 and under) or elderly person (60 and over) is being neglected, abused or exploited.
- If it is suspected that you or someone else is in immediate physical danger due to actions you are planning to take or have already taken

You will be informed if I need to break confidentiality.

Agreement and Informed Consent for Treatment

By signing during the visit below, you voluntarily consent that I will participate in mental health (Psychiatric) services by providers at Mente Behavioral Health, PLLC. Services may include psychotherapy, pharmacology, laboratory testing, diagnostic procedures, and other appropriate therapies or referrals. You have the right to be informed and participate in treatment services, receive a copy of this consent form, and withdraw this consent at any time.

I have read, understand, and agree to the contents and terms of this document. I have had the opportunity to clarify any questions regarding this document. I consent to receive psychiatric/mental health therapeutic counseling and/or psychiatric/mental health medication management from Elizabeth Gomez, FNP-BC.