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Virtual Mental Health Informed Consent

I hereby consent to engage in virtual mental health (also called telemental health) with Pleshe Counseling Services, LLC. as one of the venues for my psychotherapy treatment. I understand that virtual mental health includes the practice of health care delivery, including diagnosis consultation, treatment and education using interactive audio, video and /or data communication.

I understand that I will need to download an application to use this platform. I also need to have a broadband internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. The secure, HIPPA compliant server to be used is WebEx from a computer or the free WebEx from a phone or tablet.

1. Unless I explicitly provide agreement otherwise, virtual therapy exchanges are strictly confidential. Any information I choose to share with my therapist will be held in the strictest confidence. My private information will not be released unless it is required to do so by law. WI law requires therapists to notify authorities if a client has the potential to physically harm someone, harm themselves, or if they are abusing or about to abuse children, the elderly or the disabled.
2. I understand that virtual therapy services are authorized in the state of WI and that the services provided are governed by the laws of WI.
3. I understand that I have the right to withdraw or withhold consent from virtual therapy services at any time. I also have the right to terminate treatment at any time.
4. While virtual therapy will be conducted primarily through secure and private videoconferencing, I understand that there are always some risks with virtual therapy services including but not limited to, the possibility that: the transmission of your medical information could be disrupted or distorted by technical failures and/or the transmission of your information could be intercepted by unauthorized persons.
5. I will work with my therapist to identify an alternative communication method (most often phone) in the event that the videoconferencing tool fails.
6. I understand that I may benefit from visual therapy but that results cannot be guaranteed or assured. In addition, I understand that virtual mental health services may not yield that same results nor be as complete as face to face service. I also understand

that if my psychotherapist believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a psychotherapist in my area who can provide such service.

7. I understand that the benefits of virtual mental health may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be greater opportunity to prepare in advance for therapy sessions.

8. I understand and accept that virtual therapy does not provide emergency services. If I am experiencing an emergency, I understand that the protocol would be to call 911 or to proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I may also call the National Suicide Prevention Lifeline at 1-800-273 TALK (8255) for free 24 hour hotline support. Karen Pleshe, LCSW can be contacted at 920-884-1145 during business hours and will return calls within 1 business day.

9. I agree not to record virtual therapy sessions.

10. It is important to maintain a setting that is similar to being in an office together with your therapist. Maintaining the structure of the setting is critical. In order to have effective online therapy sessions, the following guidelines must be followed: a) Your device must be placed on a steady surface throughout the session, and not held in your hand if it can be avoided. If it must be in your hand, please hold it as steady as possible. You should also be in a set location and not be moving about. b) Make sure that you are in a private location where your sessions cannot be overheard by others. Make sure to adjust your volume on your device to ensure your privacy. You are required to inform your therapist if there is anyone in the room with you, or who you believe may overhear in session. c) Try to have proper lighting so that your therapist can best communicate with you. d) You must be appropriately attired each session. e) Minimize background noise. Turn off televisions, music or other sounds. Please close the door to the room you are in. f) Minimize distractions. You should not be playing games on a device, be on social media or working on other things while in therapy. Make sure that pets, children and household members will not be distractions from treatment. g) You may not invite others into session without discussing this with your therapist first.

11. I have the right to access my medical information and copies of my medical records in accordance with HIPPA privacy rules and applicable state law.

12. If your therapist is concerned about you or contact is lost with you during a session or if you fail to show for a scheduled virtual therapy session, your therapist will contact you by phone to check on your well-being. In addition, if you are showing signs of being in real trouble, your therapist will require that we have permission to contact someone to ensure your safety. We require two levels of contact:

A Close Personal Contact such as a Parent or Spouse:

Name:_____ Relationship:_____

Phone Number:_____

Name:_____ Relationship:_____

Phone Number:_____

Crisis Response Contact: 911

- Brown County: (920)436-8888
- Outagamie: (920)832-4646
- Manitowoc (888)552-6642
- Oconto (920)846-3444
- Shawano (715)526-3240
- National Suicide Hotline 1800-273-TALK (8255)

Print Name: _____

_____ _____

Signature of Client Date

_____ _____

Therapist Signature Date