



Corpus Christi Office
3833 S. Staples, Suite S203
Corpus Christi, TX 78411
361-852-9665
361-852-2794 Fax

Kingsville Office:
603 E Kleberg
Kingsville, TX 78363
361-852-9665 or 361-334-1139
361-592-7843 Fax

Aransas Pass Office:
2051 W. Wheeler Ave #2
Aransas Pass, TX 78336
361-852-9665
361-852-2794 Fax

Client Name: _____ **DOB:** _____

Therapist Name: _____

Informed Consent for Tele Mental Health Services

The following information is provided to clients who are seeking Tele Mental Health therapy. This document covers your rights, risks and benefits associated with receiving services, Family Counseling Service policies, and your authorization. Please read this document carefully, note any questions you would like to discuss, and sign.

Tele Mental Health Services Defined:

Tele Mental Health Services means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes, but is not limited to, video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method used by Family Counselling Service is video and/or telephone.

Limitations of Tele Mental Health Therapy Services:

While Tele Mental Health Services offers several advantages such as convenience and flexibility, it is an alternative form of therapy that may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g. phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues.

Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. Your therapist will take every precaution to insure technologically secure and environmentally private psychotherapy sessions.

Tele Mental Health Therapy is not appropriate for all clients. Your therapist determines on an on-going basis whether the issue being addressed is appropriate for Tele Mental Health Therapy and may need to make referrals if he/she determines it would be unethical to continue such services.

Client Responsibilities for Tele Mental Health Therapy Services:

The virtual sessions can only be conducted while the client is within the state of Texas.

The virtual sessions should be conducted on a Wi-Fi connection for the best connections and to minimize disruption.

Family Counseling Service strongly suggests that you only communicate through a device that you know is safe and technologically secure (e.g. has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.)

Make sure you have checked your company's policy before using a work computer for personal communication.



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As the client, you are responsible for finding a private, quiet location where the sessions may be conducted. **Sessions are not able to take place if other individuals are present in your location, or while operating a motor vehicle.**

Identity and Location:

Your therapist is required to verify your identity and location at the start of each session.

In Case of Technology Failure:

During a Tele Mental Health session there is the potential for a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please call the therapist back at 361-852-9665. Please make sure you have a phone with you and that the therapist has that phone number. Your therapist may also reschedule if there are problems with connectivity.

Interactive Video, Electronic Medical Record:

Family Counseling Service utilizes doxy.me for interactive video which includes support 128-bit AES encryption for all signaling. Doxy.me will keep track of your meeting history, including the date, time, and duration of your sessions. EHR Your Way is the HIPAA-compliant web-based program where your Electronic Medical Record will be stored. Your record will be stored by Family Counseling Service 6 years after your final counseling session (for adults) or 6 years past the age of 18 for a client who is a minor.

Emergency Management Plan:

In the event of a mental health emergency, the Nueces County MHID crisis line (888-767-4493) or Coastal Plains Community Center for Kleberg County residents (800-841-6467), and San Patricio County residents (361-446-6567) can be contacted by the client or the therapist. In the event of a life-threatening emergency the client and/or the therapist will contact 9-1-1 emergency services.

Please enter information for the person to contact in the event of an emergency:

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversations.



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I understand that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

Consent for Tele Mental Health Services Treatment:

I voluntarily agree to receive online therapy services for an assessment, continued care, treatment, or other services and authorize Family Counseling Service to provide such care, treatment or services. I understand and agree that I will participate in the planning of my care, treatment or services and that I may withdraw consent for such care, treatment or services that I receive from Family Counseling Service at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understand all the terms and information contained herein.

Informed Consent for Tele Mental Health Services

Patient/Client Name	Signature	Date
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Patient/Client Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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Please print, sign and fax or email to Family Counseling Service:

appointments@fscsb.org

Fax:

361-852-2794 (Corpus Christi and Aransas Pass clients)

361-592-7843 (Kingsville clients)