



Priscilla Hernandez Hacker, Ph.D.
Clinical Psychologist



Client Information and Informed Consent for Telemental Health Services

In response to the COVID-19 pandemic and recommended precautions of social distancing, Dr. Hernandez Hacker has completed 20+ hours of telemental health training to enable her to provide telemental health sessions. Telemental health service is defined as the use of electronic communications (telephone, text messaging, email, video conference, etc.) enabling providers to deliver mental health services to individuals, couples, and families remotely. Audio/visual teleconference sessions will be conducted using the Doxy.me telehealth platform. You can join a telemental health session by going to <https://doxy.me/drhernandezhacker>

Limitations of telemental health services: Telemental health delivery is a relatively recent approach to behavioral and mental health care and there are some limitations compared to seeing a therapist in person. For example, there may be disruptions to the services provided outside of the therapist's control. Privacy may be compromised due to technological breaches, or due to someone walking into your room during the session.

These issues can be frustrating and disrupt the flow of personal interactions. Additionally, there is greater risk of misunderstanding one another when communication lacks adequate audio and/or visual cues, which can occur with poor internet connection.

Telemental health limitations can be addressed to help improve the quality of sessions. For example, it is very important that therapist and client both ensure that their technology is up-to-date with appropriate security protections. System requirements include (1). A computer with webcam (built in or external), microphone, and speakers/headphone, smart phone, or tablet with secure (non-public access) internet connection, (2). Use of Chrome or Firefox browsers. Completing a pre-call test located on Doxy.me can help ensure your system is compatible, and audio and visual settings are functional.

Dr. Hernandez Hacker will take every precaution to ensure secure technology and environmentally private therapy sessions. As a client, you are responsible for ensuring privacy at your location during telemental health sessions.

In the event of technological failures: It is possible that during a telemental health session, disruption of service might occur due to issues with hardware, software, or third party-Doxy.me Telehealth platform problems. If disruption of service does occur, and the session cannot be completed through video conferencing, Dr. Hernandez Hacker will call you at the number you provide at the start of each session. If the session cannot be completed via telephone, then it will be rescheduled as appropriate.

Electronic communication: Unless you are sending encrypted email, it is not a secure means of communication and may compromise your confidentiality/PHI. Please use email for the purposes of requesting or rescheduling a telemental health appointment only. Dr. Hernandez Hacker's email address is priscilla@moscow.com. If you do not receive a reply to your email within 24 hours, then it is best to call the office at (208) 883-7766 to leave a message, or use Office Ally's patient portal, available to clients for the purpose of sending secure communications and/or shared documents. A patient portal invitation will be sent to all clients requesting telemental health sessions.

Fees and billing: Fees for telemental health services are the same as face-to-face psychotherapy fees, as noted below:

30 minute session - \$75.00
45 minute session - \$135.00
60 minute session - \$200.00

Your insurance company may cover telemental health charges, and it is your responsibility to determine your coverage. Insurance will be billed, and copays due at the time of service will be charged to your credit card, debit card, or HSA card. Your card number will be securely stored via AxiaMed, Office Ally's credit card processing company. Your payment will be processed at the end of each telemental health session. Private pay is also accepted.

Cancellation policy: If you are unable to keep your scheduled telemental health appointment, please allow for 24 hours notification. Late cancellation and No-Show fees of \$100.00, will be charged to your card on file.

Emergency information: You are asked to provide the names and phone numbers of two emergency contacts whom Dr. Hernandez Hacker will notify in the event of an emergency arising during your telemental health session. If the first contact is not available, then the second contact will be notified. You will also be asked to provide the name and phone number of a local emergency facility to which you would wish to be transported, if necessary. Dr. Hernandez Hacker will only provide the information that you have instructed her to disclose.

Client understanding:

- I understand that telemental health sessions are voluntary and that I can discontinue participation at any time, if I so choose.

- I understand and agree that telemental health sessions will not be recorded by Dr. Hernandez Hacker or by me.
- I understand that the laws that pertain to protection of privacy and confidentiality of client information also apply to telemental health, and that no information disclosed within the session may be shared without my written permission, except where required by law.
- I understand that while telemental health is performed over a secure communication system, no method of transmission over the internet is 100% secure. By choosing to participate in telemental health services, I accept this potential risk.
- I understand that if there is an emergency during a telemental health session, Dr. Hernandez Hacker will call my emergency contacts and emergency services, if needed, and will follow our agreed upon safety plan.
- My emergency contacts are:

1). _____
 Name Phone number

2). _____
 Name Phone number

3). _____
 Name of preferred emergency facility Phone number

Consent to treatment: I understand that telemental health includes the practice of assessment, diagnosis, consultation, treatment, transfer of PHI, and education using interactive audio, visual, and data transmission. I have discussed the contents of this Consent with my therapist and all of my questions have been answered to my satisfaction.

By signing this Informed Consent, I acknowledge that I have read and understood the information contained herein. I hereby give my informed consent for the use of telemental health in my care.

Signatures:

 Client Signature Date

 Parent or legal representative Signature Date

 Dr. Priscilla Hernandez Hacker, Ph.D. Date