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TELEMENTAL HEALTH ADDENDUM TO:

NEW PATINET FORM & CONSENT TO TREATMENT

- This document is an addendum to the "New Patient Form & Consent For Treatment" that you have already reviewed and signed as part of your treatment with me. If you would like me to review that document with you again, or if you would like another copy of it, I will be happy to provide it to you at any time.
- The purpose of this document is to address additional issues that specifically pertain to using Telemental Health. Unless otherwise stated, it does not replace information contained in that document. We will discuss this document prior to our first TMH session.
- Telemental Health (TMH) is a relatively new treatment modality. It offers a number of benefits to you, the client. These benefits include: greater flexibility in scheduling and eliminating the need to commute to my office. Traffic in and around the greater Metropolitan Atlanta area often prohibits clients from being able to get from their office to mine, especially during rush hour. For clients relocating outside of the Atlanta area, TMH allows us to continue our work together.
- With these benefits, come potential draw-backs. I will only work with you via TMH if I believe it is in your best interest. I will not conduct TMH sessions with a client if there are safety issues. Clients who are experiencing significant levels of emotional distress and/or thoughts of harm to self or others are not best addressed in the TMH format. In these instances, I must see the client in my office to be sure I am adequately assessing and addressing these issues.
- I only work with a client via TMH if I have first done an in-person diagnostic session and intake. This allows me to more adequately assess the goodness of fit between a client and TMH.
- Sometimes, during the course of treatment, a client's needs change. If, at some time, TMH is no longer a clinically robust, sound, safe and appropriate method of treatment for you, we will discuss other options. These might include changing to in-office appointments or, perhaps, referring you to a licensed mental health professional located closer to you. Offering you the most appropriate level of treatment for your needs is always a priority for me.
- I am licensed to practice in the State of Georgia. Licensure laws require that, at the time of our session, you be located in (1) The State of Georgia or (2) a state that we have agreed upon in advance that offers licensure reciprocity for TMH sessions. By engaging in a TMH session with me, you are verifying that you are in Georgia or in a location we have agreed upon.

INITIAL HERE TO INDICATE THAT YOU HAVE READ, UNDERSTAND & AGREE TO THE INFORMATION ON THIS PAGE: _____

Security & Privacy

- The privacy and security of your TMH session is extremely important to me. For this reason, I do not engage in TMH via non-secured modalities (e.g., “Skype” or “Face time”). My TMH sessions are conducted on a platform designed for TMH and offered by Thera-Link. Federal regulations require that our TMH communications occur via a HIPAA compliant platform. Thera-Link has provided me with documentation attesting that their platform is HIPAA compliant and that they maintain responsibility for HIPAA compliance and the efficacy of their technology. More information is available at: www.thera-link.com
- I have chosen Thera-Link because they also offer tech support to you. Their website has client tutorials and they are available for 24/7 technology support. In order for us to engage in TMH via Thera-Link, I must provide them with an email for you. Their system will send a link to that email address. You will use this link to enter our session.
- If you have decided that you are not comfortable using this technology and/or you do not want me to provide Thera-Link with your email address, you are not required to use this technology nor are you required to provide an email address. In this case, we will explore other options including conducting session by phone or in-person. Please remember that communications via cell-phone may not be completely secure and you may prefer to use a land-line.
- I will only conduct TMH sessions with you when I am in a secure place. That means no-one else is in the room with me and no-one else can hear our conversations. In return, it is important that, on your end, you have privacy. This means you are in the room alone and no-one else can hear our conversation. Any recording of our sessions is prohibited. Treat your TMH session the same as you would if you were in my office, i.e., reserve eating and alcoholic beverages for another time. When you engage in a TMH session with me, you are attesting to and agreeing to these conditions.
- In the event that there is a failure of the technology while we are meeting, I will contact you by phone. At the end of this document, there is a place for you to provide me with the number at which I should contact you should this happen.

In Case Of An Emergency:

- In the rare event of an emergency, it is important that I am able to contact resources close to you for immediate assistance (e.g., police or an ambulance). Because of this, I will ask you at the start of our sessions to provide me with your location. I will also need the number of an emergency contact for you.
- My practice is an outpatient facility and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager nor am I available at all times. There are times when another Licensed Clinician takes calls for me. *If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability.*
- If you experience a serious medical, mental health or life-threatening emergency dial 911 for immediate assistance.

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Cancellation Policy:

My cancellation policy for TMH is the same as for in-office sessions. The following is a reiteration of the cancellation policy as stated in the “New Patient Form and Consent To Treatment”. As a reminder:

- Your appointment time is reserved for you. In the event that you are unable to keep an appointment, you must *notify me at least 24 hours in advance*. If such advance notice is not received and/or you do not show up for your session, you will be financially responsible for the cost of the entire session that you missed.
- If you are late to your session, I cannot extend your session time as this may interfere with the person scheduled after you. We will, though, be able to meet for whatever remains of your scheduled appointment time. Please note that insurance companies do not reimburse for missed sessions.

Fees & Payment of Services

NOTE: Information in this section replaces fee and payment information that was stated in the “New Patient Form and Consent to Treatment”.

- As with in-office sessions, the fee is due at the time of service. You can provide me with credit-card billing information when we meet. Fees for remote sessions are the same as those for in-office sessions.
- If you’d like, I will provide you with a claim form for our TMH session. This is an insurance form that you may submit to your insurance company. Insurance companies vary in reimbursement rates and policies for TMH.

Contact Information

Please provide me with the number at which I should contact you if we were to become disconnected during a session: _____

Please provide me with the email that you would like me to provide on Thera-Link for you to be able to access the portal: _____

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Contact Information (continued from page 3):

Would you like me to send you a claim form for your session? YES NO (circle one)

If you'd like this emailed, what email address should I use? _____

If you'd like this sent USPS, what address should I use? _____

Please provide me with the name and mobile number of an emergency contact:

1. _____

Your signature below indicates that you:

1. Understand & agree to these policies regarding TMH and you are authorizing me to work with you per these policies.
2. Understand that you have the option, any time, of discontinuing TMH sessions to work with me in my office.
3. Agree to the policies of your relationship with me as cited in this document, as well as the "Information Authorization & Consent To Treat" and that you are authorizing me to begin treatment with you according to these policies.

Client Name (Please Print)

Date

Client Signature

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

Beverly Bird, Psy.D. LPC, or
William Bird, Psy.D. LPC

Date

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