

**yourceus.com, EAP Works,
& LPCA present**

Ethical Considerations of TeleMental Health Counseling

6 CE Ethics Hours

Your presenters

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-Established, 1985



Advanced Issues in TMH Ethics

Goals and Objectives

When the trainee completes this course, he/she will:

- Understand the challenges to confidentiality and privacy posed by electronic modes of communication and the changing landscape of privacy requirements defined by the Hi-Tech Act and the Final Omnibus Rule of March 2013
- Integrate the practice of Telemental Health with the key legal, ethical and clinical knowledge base that must be part of the active vocabulary of any clinician who wishes to operate ethically in the year 2019, including state and federal laws concerning privacy, harm prevention, rights of minors, and best practices models of ethical decision making

Advanced Issues in TMH Ethics

Goals and Objectives

- Comprehend the complications for engaging in Telemental Health services at different levels of e-communication.
- To create better application of the course material to the real world practice of the trainee, this conference will include interactive scenario analysis and interactive role playing, highlighting and incorporating the key knowledge from each section, utilizing best models of ethical decision making and introducing a template for the ethical decision making process

Important Vocabulary for TMH

- Secure/Non-secure
- Synchronous/Asynchronous
- VPN
- BAA
- Advanced Encryption Standard (AES)
- 128-bit encryption
- Man in the middle attack
- Auto-response
- Origination Site/Distant Site
- The Disinhibition Effect

Important Handouts for TMH

- Glossary of Terms/Important links
- TMH Self-inventory
- 135-11 Handout
- Informed Consent Communication Addendum
- Models of Ethical Decision Making
- Ethical Decision-Making Process Worksheet
- Advanced Encryption Standard (AES)

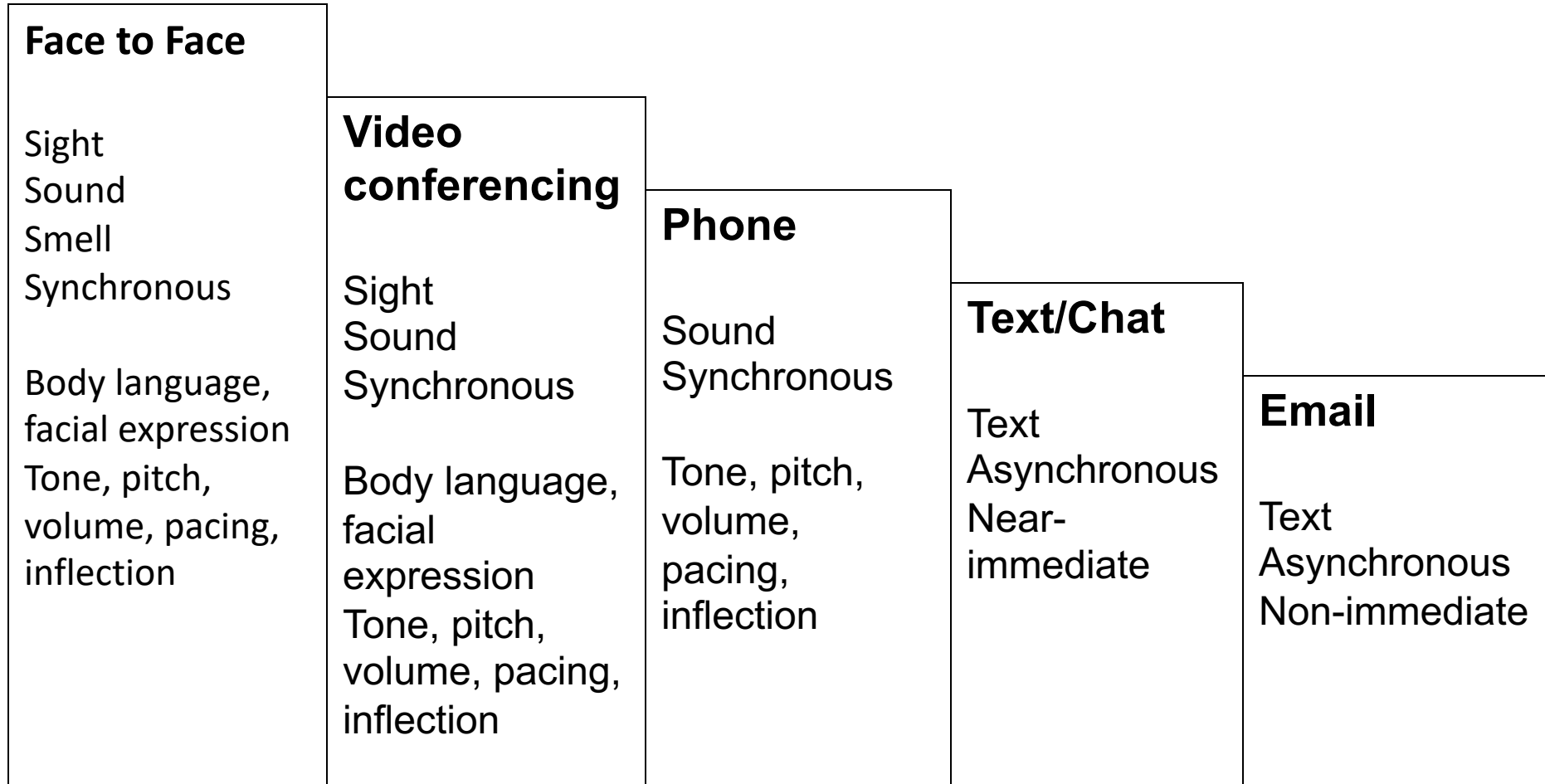
Three Levels of E-communications Use

Level 1 – Clinicians who provide mostly face to face mental health services but who communicate with clients and/or other providers via electronic modes of communication in support of the face to face sessions

Level 2 – Clinicians who provide face to face counseling but who also engage in substantial amount of phone, text, email or chat based interactions with clients, including counseling and assessment

Level 3 – Clinicians who engage in substantial amounts of e-communication with clients, including teleconferencing based modes of therapy

Level of Communication Information



Ethical Decision Making and TMH

What special considerations for the ethical decision making process are relevant for clinicians who currently provide TMH services?

The Stages of Ethical Decision Making

- The Knowledge Stage
- The Identification Stage
- The Evaluation Stage
- The Selection Stage
- The Assessment Stage
- The Adaptation Stage

Expert Knowledge: Ethical Dimension

- The code of ethics and the key principles underlying the code of ethics
- The stages of ethical decision making
- Models of ethical decision making and the ethical decision making process
- The moral, ethical and legal dimensions of ethical decision making
- Applications of ethical decision making cross-culturally

Expert Knowledge

- Legal codes related to privacy and confidentiality, such as Federal Laws 42 CFR part 2; 34 C.F.R. Part 99; and regulations under HIPAA, the Hi-Tech Act of 2010 and the Final Omnibus Rule of March 2013
- State statutes related to reporting responsibilities for suicidality, homicidality, and child and elder abuse
- Statutes and guidelines related to clinical work with minors and multiple (versus primary) clients
- The stages of ethical decision making

- <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>
- HIPAA survival guide.com

Models and Approaches for Ethical Decision Making

Expert Knowledge

- **Specific expert knowledge related to Telemental health services, including the key competencies of TMH**

Conflicts of Professional Obligation

Moral-Ethical-Legal-Consequential

The Moral Realm

Pertaining to *personal* behavior measured by prevailing standards of behavior as defined by a specified (usually spiritual) group

Consequences for moral lapses are generally the domain of individual and group conscience

The Ethical Realm

In accordance with accepted principles of right and wrong as defined by a specified (usually professional) group

Consequences for ethical lapses are generally the domain of the profession and keepers of that profession

The Legal Realm

Recognized or enforced by law rather than by equity (fairness, justice, impartiality)

Consequences for legal lapses are generally the domain of the legal system, imposed by the power of the state

Where We Start

What will the learning process entail?

What are the new rules that have created the need for this training?

The New Rule

Rules and Regulations of the State of GA

Chapter 135-11 TELEMENTAL HEALTH

<http://rules.sos.state.ga.us/gac/135-11>

Where We Start

What is Telemental Health (TMH)?

What is Telemental Health Supervision?

What are the key challenges for supervisors to know and teach?

How do core ethical principles intersect with TMH?

What is Telemental Health?

From Rule 135-11-.01 TeleMental Health

TeleMental Health - means the mode of delivering **services via technology-assisted media**, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.

TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.

What is Telemental Health Supervision?

From Rule 135-11-.01 TeleMental Health

TeleMental Health Supervision - means the delivery of supervision via technology-assisted media by a supervisor at one site while the supervisee is located at a distant site. Telemental health supervision may include, without being limited to, the review of case presentation, audio tapes, video tapes, and observation in order to promote the development of the practitioner's clinical skills.

What are the Rules

Training for TMH Supervisor:

Prior to the delivery of supervision via telemental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education. The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)(I-VIII) above, **plus, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy** - understanding the key components necessary to supervise effective, and efficient delivery of telemental health therapy.

What are the Rules

Code of Ethics:

The failure of a licensee to comply with these requirements shall constitute unprofessional conduct under the Code of Ethics as described in Board rule 135-7. A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

What are the Rules

Training for Licensee:

(i) Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours.

What are the Rules

Training for Licensee – Areas of Study in TMH:

The continuing education hours may include but are not limited to the following, in the discretion of the Board:

- (I) Internet use dependency and psychological problems
- (II) Research in Telemental Health
- (III) Intake and Assessment
- (IV) Delivery Methods
- (V) Theory Integration
- (VI) Termination
- (VII) Risk Management
- (VIII) Business of Telemental Health

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Areas Covered Under Telemental Health

1. Telephone
2. Video teleconferencing
3. Internet
4. Smartphone
5. Tablet
6. PC desktop system
7. Other electronic means

Complications of Providing Telemental Health

1. Intake and assessment
2. Clinical effectiveness
3. Best practices delivery methods
4. Privacy/Security of information
5. Informed consent
6. Technological considerations
7. Risk management/Legal implications/Ethical practice
8. Business considerations

10 Competencies

1. **TMH Definitions and Provisions**
2. **History & Research**
3. **Legal & Ethical Issues**
 - **Informed Consent/Client & Clinician Identification**
 - **Technology, Security & Confidentiality**
 - **Codes of Ethics**
4. **Client Selection**
 - **Screening**
 - **Intake and Assessment/Indications and Contraindications**
 - **Technology Dependency**
5. **Delivery Methods**
 - **Telephone, Written, Video**

Source: Scroggs, 2013 Copyright North Pine Center, Inc.

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Works, 2020

10 Competencies

6. Theory Integration
 - Online Culture/“Between Sessions”/“Disinhibition” Effect
7. Risk Management
 - Effective Termination & Referral Procedures
 - Local Resources (Contact Person), Emergency Plan & Crisis Intervention
8. Business Acumen
 - Platform selection, Insurance & Reimbursement
 - Ethical Advertising
9. Supervision
10. Specialization for Soc. Workers, Counselors, CEAPs, etc.

Source: Scroggs, 2013 Copyright North Pine Center, Inc.

Choose the Right Technology

<http://telementalhealthcomparisons.com> (Private Practice)

Private Practice Telemental Health Technology Comparisons



alphabetize

START HERE

1. Filter results by clicking on the **CLICK**
2. Click on the blue bar to show more choices

	Biscotti	VTEL	Fuzebox	IOCOM Visimeet	My TherapyNet	Chorus Call
	0	0	0	0	0	0

Communication						
<input type="checkbox"/> Video Conference (One to one)	✓	✗	✓	✓	✗	✓
<input type="checkbox"/> Video Conference (Group Capacity)	Many	99	0	Unlimited		Yes
<input type="checkbox"/> Email Over Secure Private Network	✗	✗	✗	✗	✓	✗
<input type="checkbox"/> Email Over the Internet	✗	✗	✗	✗	✗	✗
<input type="checkbox"/> Live Chat (Provider-Client)	✓	✗	✗	✓	✓	✗
<input type="checkbox"/> Live Chat (Client to Client)	✓	✗	✗	✓	✗	✗
<input type="checkbox"/> Client Forums	✗	✗	✗	✗	✗	✗
<input type="checkbox"/> Text Messaging (Provider-Client)	✗	✗	✗	✗	✗	✗
<input type="checkbox"/> Telephone or VOIP	✓	✗	✓	✓	✓	✓
▶ HIPAA - HITECH Security						
▶ User Tools (Provider & Client)						
▶ Provider Business Tools						
▶ Billing & Insurance						
▶ User Requirements						
▶ Technical Requirements (Video)						

Video Technology Options

<http://telementalhealthcomparisons.com>

Business of TMH

Video Conference Portal,

examples:

1. Doxy.me

2. Vsee



3. Securevideo

4. CounSol

5. Simplepractice

What are the Rules

Informed Consent (Therapy):

Prior to the delivery of TeleMental Health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that TeleMental Health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use. The verbal and written consent shall be documented in the client's record. Consent must include disclosure of the use of any third party vendor such as a record keeping, billing service or legal counsel.

What are the Rules

Informed Consent (Supervision):

Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.

What are the Rules

Client Assessment:

Careful assessment using assessment instruments referenced in Rule 135.-7-.05 as appropriate is required in order to determine whether an individual may be properly assessed and/or treated via TeleMental Health services through technology-assisted media. Clients who cannot be treated properly via TeleMental Health services should be treated in person, or else they should not be accepted as clients or, if already accepted, properly terminated with appropriate referrals.

Informed Consent Clarified

Informed Consent:

- You must have the capacity (or ability) to make the decision.
- The medical provider must disclose information on the treatment, test, or procedure in question, including the **expected benefits and risks**, and the likelihood (or probability) that the benefits and risks will occur.
- You must comprehend the relevant information.
- You must voluntarily grant consent, without coercion or duress.

What the Code of Ethics Says

Clinicians must operate within their area of competence.

Where We Start

Why Telemental Health, including teleconferencing based services?

Why teleconferencing based supervision?

The Ethical Decision Making Process

“Ethical decision making is concerned with the resolution of conflicts of professional obligation.”

Frederick Reamer

Telemental Health

Risk

Convenience

Versus

Versus

Reward

Conscientiousness

Who-How-Whom Factor

Clinicians should be constantly asking:

What treatment, by whom, is the most effective for this individual with this specific problem, and under what set of circumstances.

What groups of clients are potentially going to have more useful treatment options because of Telemental Health?

What groups of clients should be considered in terms of offering TMH preferentially?

The Reality Factor

The Internet Revolution

and

The Market Based Ethos

Versus

The Service Based Ethos

Driving Forces for Evolution

- Technology drives change
- Open communication creates increased access, cost-saving efficiencies, more powerful information gathering, storing and sharing
- Data sharing allows for better targeting of consumer needs and wants
- Convenience and expanded functionality of cell / smart phones has resulted in diminishment of more secure land line options
- Widespread adoption of e-communication has resulted in profound cultural change

Guiding Considerations: Cautions

The internet, social media and e-communications create a paradoxical blend of ***increased anonymity, increased self-disclosure*** and ***decreased communication security***. This combination can create complications for any clinician who seeks to follow HIPAA guidelines.

Strengths and Opportunities

- Potential for wider availability of expert knowledge and clinical support, especially to more rural communities and to clients who may not be able or willing to come in for F2F services
- Reduces obstacles to more between session contact
- Potential expansion of social and support system
- More convenient sharing of clinically relevant information among multiple service providers, potentially improving coordination of care
- Better use of metrics to improve service outcomes
- Potential for decreasing cost of services

Threats and Weaknesses

- Trade-off between access and privacy
- Decrease in control of personal information
- Reduction in intimate contact person to person
- Commoditization of self with corresponding decrease in autonomy
- Threats to the maintenance of the professional relationship and potential decreases in professional authority based on that relationship

Practical Ethical Concerns for Clinicians

- Maintaining legally and ethically appropriate levels of privacy – for clients and self - in social media/e-communication era
- Protecting the professional relationship and professional authority
- Operating a service based practice in a market based culture, with clear and appropriate boundaries, and resolving the inherent tensions in this conflict of professional obligations
- Remaining compliant with HIPAA when working for an organization that may not understand or follow HIPAA guidelines
- Utilizing the strength and opportunities of enhanced communication capabilities while avoiding the legal and ethical pitfalls

Operating at Level 1

Considerations at Level 1

- Primary clinical services will be conducted almost exclusively through face to face sessions
- Contact via e-communications will be limited to scheduling sessions and other interactions with limited therapeutic orientation
- Interactions with other clinicians around client care issues may be conducted via e-communications approaches, provided such actions are HIPAA compliant and/or client consent has been secured
- Limited amounts of between session, supportive interactions may occur on an occasional basis

Introduction to E-communication Complications and the Hi-Tech Act*

Clinicians at all levels are held to certain standards of practice in terms of protecting the privacy of the client when utilizing e-communication with clients and other professionals, or when entering into, storing, receiving, or retrieving electronic client records, particularly when Protected Healthcare Information (PHI) is involved

*HiTech, Health Information-Technology for Economic and Clinical Health

Introduction to E-communication Complications and the Hi-Tech Act

The Hi-Tech Act

- New guidelines for addressing breaches of confidential information
- Extensions to guidelines for providers covered under Business Associate Agreements
- Modifications to definitions of electronic media to address advances in technology (cell phones, texting, IM, and other new forms of electronic communication)
- Hi-tech Act on the Government's site

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/enfifr.pdf>

Introduction to E-communication Complications and the HIPAA/Hi-Tech Omnibus Final Rule of March 2013

The HIPAA/Hi-Tech Final Omnibus Rule of March 2013

- Make Business Associates of Covered Entities directly liable for compliance with certain of the HIPAA Privacy and Security Rules' requirements
- Strengthen the limitations on the use and disclosure of protected health information for marketing and fundraising purposes, and prohibit the sale of protected health information without individual authorization.
- Expand individuals' rights to receive electronic copies of their health information and to restrict disclosures to a health plan concerning treatment for which the individual has paid out of pocket in full.

Introduction to E-communication Complications and the HIPAA/Hi-Tech Omnibus Final Rule of March 2013

The HIPAA/Hi-Tech Final Omnibus Rule of March 2013

- Require modifications to, and redistribution of, a Covered Entity's notice of privacy practices.
- Modify the individual authorization and other requirements to facilitate research and disclosure of child immunization proof to schools, and to enable access to decedent information by family members or others.
- Adopt the additional HITECH Act enhancements to the Enforcement Rule not previously adopted in the October 30, 2009, interim final rule, such as the provisions addressing enforcement of noncompliance with the HIPAA Rules due to **willful neglect**.

Introduction to E-communication Complications and the HIPAA/Hi-Tech Omnibus Final Rule of March 2013

The HIPAA/Hi-Tech Final Omnibus Rule of March 2013

- Covered Entities are required to obtain "satisfactory assurances" (i.e. that their Protected Health Information will be protected as required by the rules) from their Business Associates, and Business Associates are required to get the same from their sub-contractors (now Business Associates). Comment: this **"chain of assurances"** (and liability) follow the Protected Health Information wherever it leads and has widespread ramifications including those related to breach notification.
- Exceptions: in general, a person or entity is a Business Associate only in cases where the person or entity is conducting a function or activity regulated by the HIPAA Rules on behalf of a Covered Entity, such as payment or healthcare operations; therefore a researcher is NOT automatically a Business Associate of a Covered Entity despite the fact that it may be using the Covered Entity's Protected Health Information.

Introduction to E-communication Complications and the HIPAA/Hi-Tech Omnibus Final Rule of March 2013

The HIPAA/Hi-Tech Final Omnibus Rule of March 2013

- HHS decided to change the [definition of Protected Health Information](#) because the Privacy and Security Rules do not now protect the individually identifiable health information of persons who have been deceased for fifty (50) years.
- The Notice of Privacy Practices must contain a statement indicating that an Authorization is required for: (1) most uses and disclosures of psychotherapy notes (where appropriate); (2) uses and disclosures of Protected Health Information for marketing purposes; and (3) disclosures that constitute a sale of Protected Health Information; as well as a statement that other uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from the individual.

Introduction to E-communication Complications and the HIPAA/Hi-Tech Final Omnibus Rule of March 2013

The HIPAA/Hi-Tech Omnibus Final Rule of March 2013

The full text of this rule may be found at the following link:

http://www.hhs.gov/ohrp/sachrp/mtgings/2013%20March%20Mtg/hipaa/hitechomnibus_finalrule.pdf

A good summary of this rule may be found at:

<http://www.hipaasurvivalguide.com/hipaa-omnibus-rule.php>

Secure and Non-secure Modes of Communication

Secure:

Snail mail
Wire to wire phone
Wire to wire fax
Tablet on secure, encrypted server
Encrypted email systems w/ BAA
Secure e-fax W/ BAA
Secure web based portal w/ BAA
Secure videoconferencing platform w/ BAA

Non-secure:

Cell / Smart phone
Tablet or computer on public wi-fi
Unencrypted email
Standard e-fax w/o BAA
Standard videoconferencing platform (FaceTime, Skype) w/o BAA
Any communication (phone, email, text, videoconferencing) in a public place
Internet communication on a public blog or web site

Ethical Issues, Privacy & Confidentiality, HIPAA

Guidance from the Office of Civil Rights (OCR) on the Hi-Tech Act

Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?

Ethical Issues, Privacy & Confidentiality, HIPAA

Answer:

Yes. The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message. Further, while the Privacy Rule does not prohibit the use of unencrypted e-mail for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted e-mail. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 C.F.R. Part 164, Subpart C.

Ethical Issues, Privacy & Confidentiality, HIPAA

Guidance from the Office of Civil Rights (OCR) on the Hi-Tech Act

Note that an individual has the right under the Privacy Rule to request and have a covered health care provider communicate with him or her by alternative means or at alternative locations, if reasonable. See 45 C.F.R. § 164.522(b). For example, a health care provider should accommodate an individual's request to receive appointment reminders via e-mail, rather than on a postcard, if e-mail is a reasonable, alternative means for that provider to communicate with the patient. By the same token, however, if the use of unencrypted e-mail is unacceptable to a patient who requests confidential communications, other means of communicating with the patient, such as by more secure electronic methods, or by mail or telephone, should be offered and accommodated.

Ethical Issues, Privacy & Confidentiality, HIPAA

Guidance from the Office of Civil Rights (OCR) on the Hi-Tech Act

Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

From: US Department of Health and Human Services www.HHS.gov

Ethical Issues, Privacy & Confidentiality, HIPAA

Guidance from the FMA on the Hi-Tech Act

1) A physician may be held responsible for a delay when responding to a patient's e-mail. Solution: A physician who wishes to accept e-mail from patients should use an auto response feature that informs the patient that a) the physician typically responds to e-mail within a specified number of hours/days, and b) if the patient requires immediate attention, he or she should telephone the physician's office or contact an emergency health care provider.

2) If a patient initiates an e-mail with a physician, Rachel Seeger of HHS Office for Civil Rights says that it is assumed that the patient consents to unencrypted communication. "If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual."⁶

Ethical Issues, Privacy & Confidentiality, HIPAA

Guidance from the FMA on the Hi-Tech Act

3) If a physician does end up sending a patient an e-mail, he or she should double check the recipient's e-mail address before clicking "send." This is to prevent the e-mail from being sent to the wrong person, therefore sharing private information to an unintended party. That's good advice outside the health care world, too.

4) Add any e-mail a patient sends (and any response) to the patient's charts.

5) In the HITECH Act, code 170.210 section B, states that the date, time, patient identification and user identification, must be recorded when electronic health information is created, modified, deleted or printed, and an indication of which actions occurred also must be recorded. This means if you send an e-mail to a patient with protected health information and then delete it, you will need a record of what was deleted and when. This is not dissimilar to crossing out a line in a paper medical record (updating the record) with a date of the update.

Ethical Issues, Privacy & Confidentiality, HIPAA

Guidance from the FMA on the Hi-Tech Act

6) Since the guidelines for communicating with patients via e-mail are becoming stricter, more physician offices and hospitals are using portals as a means of communication. This allows the patient to sign in with a secure username and password to view his or her records and communicate with physicians. The security rule allows for Electronic Protected Health Information (e-PHI) to be sent over an electronics open network, as long as it is adequately protected.⁷ Of course, this is more complicated than using Outlook or Gmail.

http://www.flmedical.org/HITECH_Act_Decrypted.aspx

Ethical Issues, Privacy & Confidentiality, HIPAA

Department of Health and Human Services

Under these provisions, a health care provider may disclose patient information, including information from mental health records, if necessary, to law enforcement, family members of the patient, or any other persons who may reasonably be able to prevent or lessen the risk of harm.

January 15, 2013

<http://www.hhs.gov/ocr/office/lettertonationhcp.pdf>

Ethical Issues, Privacy & Confidentiality, HIPAA

In addition to professional ethical standards, most states have laws and/or court decisions which address, and in many instances require, disclosure of patient information to prevent or lessen the risk of harm. Providers should consult the laws applicable to their profession in the states where they practice, as well as 42 CFR Part 2 under federal law (governing the disclosure of substance abuse treatment records) to understand their duties and authority in situations where they have information indicating a threat to public safety.

<http://www.hhs.gov/ocr/office/lettertonationhcp.pdf>

Ethical Issues, Privacy & Confidentiality, HIPAA

Garner v. Stone

Although Georgia case law has established a legal precedent for a duty to protect, there is no statutory duty to warn, nor is there any statutory immunity for a psychologist making such a warning to a third party. In other words, although there is a legally established duty to protect a readily identifiable intended victim from imminent and foreseeable danger, there is no statutory duty to warn the victim nor is there any statutory protection from legal liability for mental health professionals who make such warnings. The absence of statutory immunity means that there is no immunity from professional liability for a psychotherapist making an unauthorized disclosure of confidential information.

. . . the discretionary allowance of disclosures permitted under the Georgia licensing board *administrative rules* is superseded by *statutory laws*, such as the psychotherapist-patient privilege.

<http://www.gapsychology.org/?188>

Operating at Level 2

Informed Consent Process for TMH

What elements need to be contained in a well-constructed informed consent agreement to educate the client concerning what is involved in the use of TMH services?

Ethical Issues: Informed Consent

Elements of a Statement of Informed Consent

- The length and cost of sessions
- The clinician's policies concerning acceptance of insurance payments
- Costs for secondary services, such as copying records, phone calls, or document creation
- Payment policies
- Cancellation policy
- Rights to privacy and confidentiality
- Privacy and confidentiality rights and other rights covered under HIPAA
- Policies concerning the review of case records by the client
- The risks and benefits of therapy and client responsibilities within treatment

Ethical Issues: Informed Consent

Policy for Communication via Social Media

It is the policy of Charles D. Safford not to initiate any connections with clients via social media and to decline any invitations to connect with clients via Facebook, LinkedIn or any other form of social media, or otherwise engage in internet based communication in ways that might reveal the existence of a therapeutic relationship. This policy is designed to protect the rights of each client to privacy and confidentiality. This policy will be followed both during the time a client is in treatment and after a client has discontinued treatment.

Informed Consent

Informed consent:

- a. Process
 - i. Possible misunderstandings
 - ii. Turnaround time
 - iii. Privacy of the counselor
- b. Counselor
 - i. Name
 - ii. Qualifications
 - iii. How to confirm the above
- c. Potential benefits
- d. Potential risks
- e. Safeguards
- f. Alternatives
- g. Proxies

ISMHO, Suggested Principles, <http://ismho.org/suggestions.asp>

Standard Operating Procedures

Standard operating procedure:

- a. Boundaries of competence
- b. Requirements to practice
- c. Structure of the online services
- d. Evaluation
- e. Confidentiality of the client
- f. Records
- g. Established guidelines

ISMHO, Suggested Principles, <http://ismho.org/suggestions.asp>

Emergency Plan and Procedures

Emergency plans and procedures:

- a. Procedures
- b. Local backup

ISMHO, Suggested Principles, <http://ismho.org/suggestions.asp>

Informed Consent Exercise

Please review the informed consent form for TMH services.

Determine what elements are present and what elements are missing in the informed consent agreement that you currently utilize.

Client Id./Contact Person

A. Client identification

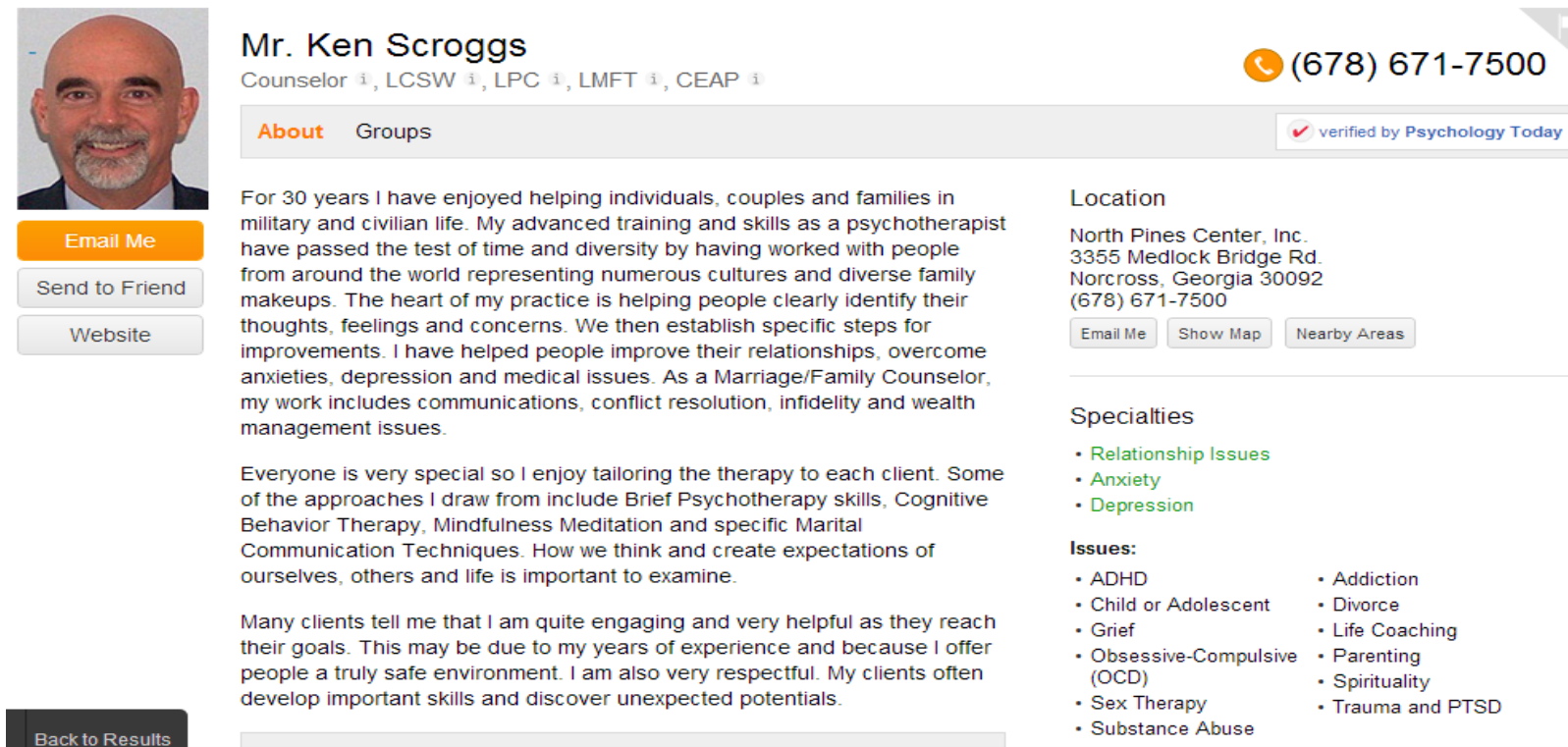
1. Intake data
2. Copy of Client's Drivers license
3. Picture Identification, sent by encrypted emailed with attachment, also encrypted.
4. Contact person & Release of information to reach out to the contact person.
5. Reach out to contact person to verify client identity.



Clinician Identification

A. Clinician Identification

1. Counselor should also identify themselves
2. Provide online information with credentials, experience, photo, etc.
(Psychology Today)



The screenshot shows a profile for Mr. Ken Scroggs on Psychology Today. It includes a profile picture, contact information, a bio, and a list of specialties and issues.

Mr. Ken Scroggs
Counselor ⓘ, LCSW ⓘ, LPC ⓘ, LMFT ⓘ, CEAP ⓘ

(678) 671-7500

verified by Psychology Today

About Groups

For 30 years I have enjoyed helping individuals, couples and families in military and civilian life. My advanced training and skills as a psychotherapist have passed the test of time and diversity by having worked with people from around the world representing numerous cultures and diverse family makeups. The heart of my practice is helping people clearly identify their thoughts, feelings and concerns. We then establish specific steps for improvements. I have helped people improve their relationships, overcome anxieties, depression and medical issues. As a Marriage/Family Counselor, my work includes communications, conflict resolution, infidelity and wealth management issues.

Everyone is very special so I enjoy tailoring the therapy to each client. Some of the approaches I draw from include Brief Psychotherapy skills, Cognitive Behavior Therapy, Mindfulness Meditation and specific Marital Communication Techniques. How we think and create expectations of ourselves, others and life is important to examine.

Many clients tell me that I am quite engaging and very helpful as they reach their goals. This may be due to my years of experience and because I offer people a truly safe environment. I am also very respectful. My clients often develop important skills and discover unexpected potentials.

Location
North Pines Center, Inc.
3355 Medlock Bridge Rd.
Norcross, Georgia 30092
(678) 671-7500

Email Me Show Map Nearby Areas

Specialties

- Relationship Issues
- Anxiety
- Depression

Issues:

- ADHD
- Child or Adolescent
- Grief
- Obsessive-Compulsive (OCD)
- Sex Therapy
- Substance Abuse
- Addiction
- Divorce
- Life Coaching
- Parenting
- Spirituality
- Trauma and PTSD

Back to Results

Delivery Methods

Video Counseling/Informed Consent

- ✓ Informed Consent
- ✓ Contact Person
- ✓ Identify Client
- ✓ Identify Clinician
- ✓ Backup Plan

