



Lutheran Social Services

of Northwestern Ohio - Since 1911

A Christian Agency Serving People of All Ages

Client Name: _____

Case # _____

LSS provides services to individuals and their families who have mental health or substance abuse / chemical dependency problems. Staff members provide appropriate treatment/services based on guidelines from the Ohio Department of Mental Health and Addiction Services and the American Society of Addiction Medicine.

WHAT IS TELEPHONIC THERAPY

Telephonic therapy is behavioral health service provided via a mobile cell phone or home telephone. Telephonic therapy is a real time, two way conversation using interactive audio technologies between a practitioner and client not in the same physical location. Both client and therapist need access to a telephone for communication. Telephonic therapy has the same purpose and intention as in-person counseling. However, due to the nature of the technology used, telephonic therapy may be experienced somewhat differently than face-to-face, in-person treatment sessions.

HOW TELEPHONIC THERAPY COMPARES TO TRADITIONAL IN PERSON CARE

Advances in communication technology continue to evolve. This has been especially important for individuals living remotely in rural areas who do not otherwise have access to behavioral health services. The Canadian Agency for Drugs and Technology in Health reviewed 44 studies on telehealth services (which include a broader range of communication technologies than telephone alone) for acute or chronic mental health issues and determined that telehealth is as safe and effective as in-person care (2015). However, important verbal and non-verbal communication (such as body language) would not be available in the use of telephonic therapy. Telephonic therapy may therefore be less complete and may slow progress. It is important that you are aware that telephonic therapy may or may not be as effective as in-person therapy; therefore your progress must be periodically evaluated for the effectiveness of this form of therapy. Telephonic therapy may not be for everyone and if you would be better served by an in-person provider or alternative service, you will be referred to a professional who can provide such services in your area. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this becomes the case in the future, more appropriate services will be recommended.

CLIENT'S RIGHTS, RISKS, AND RESPONSIBILITIES FOR TELEPHONIC THERAPY:

TECHNOLOGY REQUIREMENTS FOR TELEPHONIC THERAPY

- I understand that I am responsible for providing the necessary telephone for my participation in telephonic therapy sessions. My therapist is responsible for providing the necessary telephone to participate in telephonic therapy sessions.

RESTRICTIONS REGARDING CROSSING STATE LINES

- I, the client, need to be a resident of Ohio. (This is a legal requirement for counselors and social workers practicing in this state under an Ohio license.) There are restrictions regarding crossing state lines for behavioral health services. Telephonic therapy provided by Lutheran Social Services NWO is under the jurisdiction of the state of Ohio, and is governed by the laws of that state. Therapists practicing under a license issued by the State of Ohio must only provide services to Ohio residents.

ALTERNATIVE ASSESSMENT SERVICES AND FORMATS

- I, the client, have the right to withhold or withdraw consent at any time for telephonic therapy without affecting my right to future care or treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. In addition, I understand that telephonic therapy based services and care may not be as complete as face-to-face, in-person services. I also understand that if my counselor believes I would be better served by another form of therapeutic services (e.g. face-to-face service, in person) I will be referred to a professional who can provide such services in my area.

LIMITATIONS TO CONFIDENTIALITY INCLUDING MANDATORY REPORTING LAWS

- The laws that protect the confidentiality of my medical information also apply to telephonic therapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However,

there are exceptions to confidentiality including, but not limited to, reporting child, elder, and dependent adult abuse or neglect and expressed threats of violence towards one's self or a victim. Also, health records might be subpoenaed by a court for a legal proceeding.

HOW ASSESSMENT INFORMATION WILL BE RECORDED, STORED TRANSMITTED AND DISCARDED

- I understand that all telephonic therapy records will be stored and retained as hard copy and as electronic documentation in the same confidential manner as in-person therapy.

THE RISKS OF TECHNOLOGY INCLUDE THE FOLLOWING

- The breach of confidential information including Private Health Information.
- The theft of my personal information.
- The transmission of my information could be disrupted or distorted by technical failures.
- The transmission of my information could be interrupted or intercepted and accessed by unauthorized persons.
- I am responsible for information security on my device.

SOFTWARE SECURITY PROTOCOL

- I know that the technology used in telephonic therapy must include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. Even with safe guards, the privacy and confidentiality of client information transmitted via any electronic channel cannot always be guaranteed.

ALTERNATIVE COMMUNICATION IF SESSION IS DISRUPTED BY TECHNOLOGY FAILURES

- I understand that there is a risk that services could be disrupted or distorted by unforeseen technical problems if equipment fails and cannot be restored quickly the backup plan is to use a different telephone to complete the session. Please call (419) 243-9178 for assistance.

RISKS AND BENEFITS PERTAINING TO RECEIVING THERAPY SERVICES

- I understand that there are potential benefits and potential risks with participating in any psychotherapy. Benefits cannot be assured and my condition may not improve, and in some cases may even get worse.

EMERGENCY SERVICES

- I accept that telephonic therapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I should call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts, or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for telephonic services. If this is the case or becomes the case in the future, my counselor will recommend more appropriate services.

PRIVACY AND SOME LIMITATIONS AND EXCEPTIONS

- I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in telephonic therapy.
- I am responsible for arranging a location with sufficient privacy that is free from distractions or intrusions for my telephonic therapy session.
- I will not include others in the session unless agreed upon with my therapist.
- No recording of sessions is permitted and there is to be no sharing of session content on public forums such as Facebook or other social media.

I, _____, hereby consent to engage in telephonic therapy. Telephonic therapy is an interactive behavioral health service provided in real time via telephone which can include assessment, treatment and the transfer of my medical data through audio or other electronic communications. Telephonic therapy has the same purpose or intention as other psychotherapy sessions conducted in person. However, due to the nature of the technology used, I understand that telephonic therapy may be experienced somewhat differently than face-to-face treatment sessions.

I have read, understand and agree to the information provided above regarding telephonic therapy and my rights:

Client's Signature: _____ Date _____

Therapist's Signature: _____ Date _____

Parent or Guardian (for minors) _____ Date _____