# Telehealth Intake Tool

## Welcome to Telehealth at ABC Agency!

ABC Agency is pleased to offer you mental health services via telehealth, or video-conferencing! We offer telehealth services for clients who may face barriers in accessing to traditional in-person therapy. Telehealth allows us to expand our high-quality counseling services to anyone in Minnesota who cannot get to one of our offices.

Telehealth has been demonstrated to be just as clinically effective as traditional in-person therapy. Therapy is delivered via a platform, called Doxy.me, which is a HIPAA-compliant, video-conferencing software. It is not instant messaging, skype, or facetime. Doxy.me has layers of security to protect and secure your privacy and confidentiality, both during and after the session. Our clinicians have undergone training on the platform and have been determined to be competent to deliver mental health services via telehealth.

### 1. Confidentiality

Confidentiality is extremely important to us. Information that you reveal during treatment will be kept strictly confidential. The laws that protect the confidentiality of your personal information, such as HIPAA, also apply to telehealth sessions with ABC Agency. As such, information disclosed during the course of therapy or consultation is generally confidential. There are exceptions to this, however, that include the following:

* If you disclose your intention to inflict physical harm to yourself or another person;
* If you disclose that physical or sexual abuse or serious neglect of a minor child has occurred;
* If we receive a signed, valid court order requesting records; and
* In addition, ABC Agency clinicians (therapists, psychiatrists, counselors, or clinical supervisors) directly involved in your care may communicate with each other about your treatment. If you were seen previously in ABC Agency system of care, your new therapist may review your prior file in order to ensure the continuity of your treatment.

### 2. Who may benefit from telehealth?

Generally, anyone can benefit from telehealth sessions. However, there are some conditions or situations where the provision of telehealth may not be recommended. We will make referrals for those whom we may determine would benefit more from in-person therapy. It may also occur that during the course of your telehealth treatment it is assessed that telehealth service delivery is contra-indicated. Examples may include:

* Active chemical use that warrants a chemical health assessment
* Situations involving the potential for domestic violence
* Active psychosis or untreated psychotic disorders
* Active suicidal or homicidal planning
* Significant cognitive impairments
* Current diagnosis of a mental health condition that requires a higher level of care

At any time, your clinician may determine that telehealth services are not benefiting you, that you are not a good candidate for telehealth, or that circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to you, put it in writing in your medical record, and provide arrangements or referrals upon your request.

### 3. Expectations of Clients

Telehealth sessions are a lot like in-person sessions. We kindly request that you be on time for your appointment and actively participate in the session. While having some degree of comfortability with technology would be helpful, it is not required. We request that you conduct the session in a setting that is well-lit, free from distractions, has a secure connection to the internet (not public wi-fi access), and where you have privacy and confidentiality. Bright lights or windows behind you will obscure your on-screen presence so we ask that you minimize this exposure. Another expectation is that you will be physically located in the State of Minnesota at the time of your session. Finally, you are willing to participate in any emergency or safety protocols the clinician may need to utilize during the session and that you will cooperate with the directions given by the clinician should the need arise.

### 4. Expectations of Your Clinician

Your clinician will be on-time for your telehealth session. They are to conduct themselves in a professional manner, no different than in-person sessions. You will be able to see and hear your clinician clearly, know they are providing the service from a secure and private location, and that they have been trained on how to conduct ethical and competent telehealth sessions.

### 5. Contact Between Sessions

At the start of the treatment, the clinician will discuss whether or not the they will be available for phone or electronic contact between sessions and the conditions under which such contact is appropriate. Your clinician should provide a specific time frame for expected response between session contacts. This will also include a discussion of emergency management between sessions.

### 6. Technology Difficulties

It is not often that we experience a disruption in the technology platform used during telehealth sessions, however this is a possibility. Should there be a technology interruption on either your end or the clinician’s end, the clinician will call you at a pre-designated phone number to either finish the session or reschedule.

## Questionnaire

Please answer all of the questions on the following page to help us establish your readiness for telehealth sessions!

1. Your name as it appears on a government issued identification card:
2. Have you used telehealth services before?
3. Physical location of where you anticipate conducting telehealth sessions:
4. A phone number that you will have access to during the sessions:
5. How comfortable are you with technology (0= not at all comfortable, 3= fairly comfortable, can navigate around a little bit, 5=I consider myself proficient and capable at technology):
6. Please designate an emergency contact/Patient Support Person for your record in the case of an emergency, to be contacted by your clinician at their discretion:
7. Do you have any firearms in your home? If yes, what type and what is their purpose?
8. Do you feel safe at home with your partner/spouse/significant other/children or others?
9. What city do you live in?
10. What is the nearest hospital to your address?
11. Please choose a codeword that only you and your clinician will know. If you use this codeword during a telehealth session, it will be a signal to the clinician that you are needing to abruptly end the telehealth session:
12. Are you actively chemically dependent or been told you are actively chemically dependent? If yes, have you been assessed for your chemical dependency and what were the recommendations?
13. Are you actively suicidal or homicidal? “Actively” means you have been thinking about it for a period of time, you have plans to harm yourself or someone else, and intent to act on these plans. This is different than having feelings of suicidality or homicidally. If you have experienced feeling of being suicidal or homicidal, please check here:
14. Are you able to self-transport to the nearest Emergency Room? What mode of transportation do you have?
15. What are your previous mental health diagnoses?
16. Do you struggle with seeing or hearing things that others do not see or hear?
17. Do you have any medical conditions? If so, please list them:

18. Is there anything else that you wish to share with us in preparation of your Telehealth Sessions?

Client Printed Name and Date of Birth

Client Signature and Date