



I consent to receive mental health treatment through telehealth services provided by Sherman Counseling. I hereby attest that the staff of Sherman have explained to me the policies, procedures, and alternative methods to this treatment. In addition, I agree to follow the policy and procedures of teletherapy/telemedicine services. I have been given documentation of these policies as well.

I understand and agree to the following:

- If I have questions, I may request specific information in writing at any time during the course of treatment.
- I have had time to study this information and/or seek additional treatment options.
- This consent is effective throughout my treatment at Sherman.
- I have the right to withdraw consent at any time, in writing.
- I understand what the benefits and risks of the proposed treatment will be or have been explained to me by my treatment provider.
- I understand that the staff at Sherman are trained in telehealth and are retrained annually.
- I understand that Sherman primarily uses a HIPPA protected telehealth program called Doxy.me. Other approved HIPPA compliant programs may be used if there are technical limitations, such as latency issues or inability to connect through Doxy.me.
- I understand that because I will not be on site for appointments that I will either prepay or keep a credit card on file to pay for services rendered/co-payments/deductibles.
- I understand that in the event there are technical difficulties such as, internet services outage, telehealth services provision latency, power outage, etc., the session will need to end (at no charge to me) and rescheduled for the next soonest available session.
- I understand that sessions over the phone or email do not qualify as telehealth services and cannot be a substitute.
- I understand and agree to having the appropriate equipment available for a telehealth therapy session such as a working computer with working camera and microphone, working internet etc.
- I understand and agree to having a confidential and private space for the telehealth sessions.
- I understand and agree to signing releases of information for my other care providers to coordinate care with the Sherman team. I will keep these releases current and active for the duration of time that I am using telehealth services.
- I understand that if I am not compliant with the policies and procedures for treatment through telehealth, telehealth services may be revoked and discontinued.

\*\*\* Disclaimer \*\*\* This consent document is in place during the COVID-19 disease prevention, effective March 20.2020 until further notice. Additional clauses or revisions may be needed for future services and operations. You may be asked to sign a new consent to treat as revisions are developed.

Once you have reviewed the policy and procedure document, please sign below to indicate that you have obtained all information that you deem necessary and that you accept the policy and procedures outlined above. A copy of this form is supplied to you at your initial appointment; however, you can always request additional copies.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

(Required if the client is under 18 years of age)

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

PLEASE CHECK ONE: I prefer to have services provided via  Video  Phone

## **What you should know: Giving Informed Consent to Treatment through Telehealth Services:**

Sherman Counseling is proud of our ability to offer high quality, evidence-based treatments to the clients we serve. For those who have difficulty accessing care in person, we offer telehealth services. Because telehealth services offer treatment through technology over an internet connection, there are some risks to this service. We have created policies for Sherman staff and clients to follow. This is to ensure that clients are afforded quality treatment, confidentiality, and respect at all times.

### **WHAT IS TELEHEALTH:**

Telehealth is the use of telecommunication and information technology to provide clinical health care from a distance. It has been used to overcome distance barriers and to improve access to medical services that would often not be consistently available in distant rural communities.

### **TELEHEALTH PORTAL:**

We primarily use Doxy.me portal services for telehealth sessions. Doxy.me is a HIPPA compliant portal service that has been approved for telehealth sessions.

Your provider will send you a secure link via email to register for Doxy.me services. It is an easy to use service, but in the event there is difficulty with using this service our staff are all trained on how to use Doxy.me and will be able to assist you. Other approved HIPPA compliant programs may be used if there are technical limitations, such as latency issues or inability to connect through Doxy.me

### **WHO CAN USE TELEHEALTH SERVICES:**

Telehealth services are online forms of treatment, often used during inclement weather or when there are barriers to access to care. We, by law, can only provide telehealth services in the state in which we are licensed. For example, if you are traveling to California we could not meet with you on-line as we are not licensed in the State you are in. Sherman is only licensed to provide services received within the State of Wisconsin. Some providers may hold licenses in other States.

### **EQUIPMENT REQUIRED:**

In order to use Doxy.me, clients will need a working computer with working microphone and camera. Internet access is also necessary. Use of a phone with internet access does not always work and is not recommended for this. Provider equipment will be maintained through password

### **CANCELLATION AND NO-SHOW POLICY:**

A \$150.00 charge is billed for all appointments cancelled with less than 24 hours' notice. Insurance does not pay for missed sessions. This policy is in effect unless we determine that you were not able to make your appointment or give sufficient notice due to circumstances beyond your control.

No shows will be charged and billed to you at \$150.00. Because treatment sessions are in high demand and waiting lists for appointments are long, if there happens to be 3 consecutive missed appointments or late cancellations in a row your treatment will be terminated, and a list of referral sources will be provided for you. See interpreter section of this document for information about cancelling sessions that require the use of an interpreter—this cancellation policy is different as we need to adhere to our contractual obligations with the interpreter services we use.

### **FEES:**

There is no cost to the client for the Doxy.me service.

Clients, however, are expected and responsible to pay for all services rendered. Some, but not all insurances cover telehealth services. We will inform you prior to starting telehealth if your insurance carrier will cover these services. If insurance does cover these services you are still responsible for any insurance deductibles and/or co-payments. If your insurance carrier does not cover telehealth services you are able to pay out of pocket for such services. The pricing for telehealth services is the same for a face to face session. Because telehealth is a remote service, we require any payment to be made ahead of time or for you to keep a credit card on file for us to charge fees at the time of service.

**CONTACTING US:**

We make every effort to be available by telephone during normal business hours. Our customer service representatives are able to answer calls Monday-Friday 8am-5pm. You can also connect with us through our monitored inbox at [info@shermanconsulting.net](mailto:info@shermanconsulting.net).

Our treatment providers make every effort to return calls and email within 24 hours during normal business days. If you are unable to connect with your treatment provider, please call our main number 920-733-2065, including afterhours. Alternatively, if you are having a medical emergency, contact your primary care physician, 9-1-1, or the nearest emergency room.

**HOURS OF OPERATION:**

General office hours are Monday–Friday 8am-5pm. Other times may be available, as hours for individual counselors will vary as not all of our providers have the same schedule. Please speak with your provider about their schedule. We are closed on major holidays.

**BENEFITS, RISKS AND ALTERNATIVES TO TELEHEALTH SERVICES:**

Benefits: improved access to care, eliminates travel barriers and travel time, no need to cancel appointments due to inclement weather or illness

Risks: loss of interpersonal connection between yourself and your therapist, possible technological difficulties or delays in care provision, possible slowed treatment progress, possible lack of coverage by insurance.

Alternatives: face-to-face sessions, medication management, treatment at a higher level of care facility, and postponing or ending treatment.

**TREATMENT PROVIDER CREDENTIALS:**

All clinical providers at Sherman Counseling are licensed by the State of Wisconsin and hold an advanced degree in the specialty area of Social work, Counseling, Psychology, and Psychiatry. Continuing education is an obligation of all providers, and clinicians are encouraged to pursue professional development opportunities beyond their minimum license requirements. All staff using telehealth have been trained in these services as well as have been trained in how to use the Doxy.me portal.

**TERMINATION/DISCHARGE CRITERIA:**

There are circumstances under which clients may be involuntarily discharged from telehealth services, such as but not limited to failure to respect session times, failure to pay for treatment, failure to respect the boundaries and privacy of our staff, and not following treatment recommendations that can be life threatening.

For telehealth to be used successfully it is important to understand how important it is for clients to have local providers in their home town who can assist Sherman staff with providing the care and treatment clients need. Therefore, releases of information must be kept up to date and current as well as emergency contact information. If these documents are not current or you decline to complete these documents or decline to have a care team in your home town then teletherapy/telemedicine services cannot be used.

Before Sherman can involuntarily discharge a client, the clinic shall notify the client in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and of the client's right to have the discharge reviewed prior to the effective date of the discharge.