



Hope Wise

1931 NW Military Hwy #206

San Antonio TX 78213

(210) 617-3185

www.hopewisesa.com

1. Please enter your information.

| | | | |
|---|--|-------------|------------------|
| First Name: | Middle Initials: | Last Name: | Date of Birth: |
| _____ | _____ | _____ | _____ |
| Gender: | Marital Status: | | |
| <input type="radio"/> Female <input type="radio"/> Male | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Domestic Partner <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed | | |
| Street Address: | Apt./Unit #: | City: | State: Zip Code: |
| _____ | _____ | _____ | _____ |
| Mobile Phone: | Home Phone: | Work Phone: | |
| _____ | _____ | _____ | |
| Email: | Preferred contact method: | | |
| _____ | <input type="radio"/> Mobile Phone <input type="radio"/> Home Phone <input type="radio"/> Work Phone <input type="radio"/> Email | | |

Telehealth Services

Telemental healthcare includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making through the use of internet based video conferencing.

Telemental psychotherapy may include psychological health care delivery, consultation, coaching, and/or counseling. Telemental psychotherapy will occur primarily through interactive audio and video communications.

Risks of Telemental Health

1. Technological failure, such as unclear video, loss of sound, poor connection, or loss of connection.
2. Nonverbal cues are less readily available to both the therapist and the client.

Benefits of Telemental Health

1. Less limitations by geographical location.
2. Reduction of travel to a physical office, which includes decrease in travel time.
3. Participation in therapy from your own home or the environment of your choosing.

Disclosures

Telemental health delivery by HopeWise may occur only with current residents of Texas. The current laws that protect privacy and confidentiality also apply to telemental health. Any exceptions to confidentiality are described in the Informed Consent document.

All existing laws regarding client access to mental health information and copies of mental health records apply. No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store video conference sessions or face-to-face sessions.

Telemental health may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, an appropriate referral will be made. If it would be beneficial for occasional face-to-face sessions with your counselor, this will be discussed as part of the treatment plan and the client has the right to refuse such a recommendation. This may result in a referral to another provider as well.

Expectations of client during each session

1. Minimum bandwidth connection of 384 kb or higher.
2. Minimum resolution of 640x360 at 30 frames per second.
3. Operational web camera (HD 1080p is recommended).
4. Proper lighting and seating to ensure a clear image of each party's face.
5. Dress and environment appropriate to an in-office visit.
6. Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session.
7. Valid ID must be presented by the client during the initial consultation. In addition, a copy must be provided by the client for the medical file.
8. The client must disclose the physical address of their location at the start of the session. Unknown locations will be cause for termination of the session.
9. The client shall also provide a phone number where they can be reached in the event of service disruption.

In Case of Technical Difficulties

Should technical difficulties cause session disruption, the counselor will contact the client via preferred telephone contact. If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session. Counseling sessions will not be conducted via telephone.

Consent

I, voluntarily, agree to receive Telemental Healthcare assessment, care, treatment, or services and authorize HopeWise to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through HopeWise at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Signature