

## OFFICE POLICIES & CONSENT TO TREATMENT

Welcome! We are honored that you have chosen Adult Mental Wellness (AMW) to assist you in meeting your needs at this time in your life. We appreciate the courage it takes to reach out for professional help when you or your family are experiencing personal challenges in your life. This is an opportunity to acquaint you with information relevant to our services, confidentiality, and other office policies.

### ABOUT OUR SERVICES

Adult Mental Wellness (AMW) is a program within Behavioral Health in the Tulalip Tribes' Tulalip Health System. Our program provides quality mental health services for the Tulalip community (tribal members, spouses of, parents of), and Other Natives living within Snohomish County (must be enrolled in federally recognized tribes). We provide mental health assessments, counseling, and referrals for adults.

Our highly qualified and skilled clinicians are trained in accordance with the professional standards of psychology, mental health counseling, and marriage and family counseling. Each provider is certified or licensed in their discipline by the State of Washington.

We help with a wide range of emotional and mental health problems. We see adults age 18 and over. We value the involvement of family members, and significant others when clinically appropriate. We do not mediate custody disputes, evaluate parental fitness, or provide independent custody evaluations. We do not get involved in legal disputes between parents for a variety of reasons. If legal services are required, we will be happy to refer you to practitioners who are experts in these fields.

#### **Assessment**

To get a complete picture, we talk to you about symptoms, challenges, strengths and goals. We recommend that family and partners take part in the assessment. Usually, an assessment takes two or more visits. We provide court ordered assessments for adults, which includes recommendations for treatment. Provide a copy of your court document with orders for an assessment when requesting these services.

#### **Individual Service Planning**

Your clinician will collaborate with you in creating an individual service plan (ISP), or treatment plan. The ISP is designed to identify your goals for mental health services and includes steps that involved individuals (client, clinician, partner, etc.) can make to meet those goals. It may include a variety of psychotherapy approaches such as crisis intervention, homework, group therapy, family sessions, individual therapy, and more.

#### **Other Associated Services**

AMW works collaboratively with other divisions to offer therapeutic services at Child, Youth, and Family (CYF) Mental Wellness (for children and adolescents age 3 to 18), Chemical Dependency (CD), Psychiatric Services (prescribers), Psychological Services (testing), and more. We will provide you with further information about the programs offered when applicable.

## TELEBEHAVIORAL HEALTH

Adult Mental Wellness (AMW) has the ability to provide telebehavioral health services. For more information about setting up telebehavioral health see the “Telebehavioral Information” document on the Tulalip Health System website ([www.tulaliphealthsystem.com](http://www.tulaliphealthsystem.com)).

### **Nature of Telebehavioral Health**

Telebehavioral health is the provision of behavioral health services with the clinician and recipient of services being in separate locations and the services being delivered over electronic media. Services delivered via telebehavioral health rely on a number of electronic, often internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others. Telebehavioral health allows your clinician to diagnose, consult, treat and educate using interactive audio, video or data communication regarding your behavioral health services. The telebehavioral health appointment will be similar to a therapy appointment in the office, except interactive video technology will allow you to communicate with a clinician at a distance. *Tulalip Tribes’ Behavioral Health* cannot provide telebehavioral health services to you if you are outside of Washington State.

### **Technology**

You will need to have a broadband internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. In case of technology failure, you may contact *Tulalip Tribes’ BH&R* by phone to coordinate alternative methods of treatment.

### **Your Telebehavioral Health Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your clinician during the session. If you are unsure of how to do this, please ask your clinician for assistance.

### **Healthcare Records and Confidentiality**

All existing laws regarding your access to healthcare information and copies of your healthcare records apply to telebehavioral health services. As a general practice, *Tulalip Tribes’ BH* DOES NOT record telebehavioral health sessions without prior permission. Please do not record video or audio sessions without your clinician’s consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telebehavioral health. All existing confidentiality protections under federal and Washington state law apply to information disclosed during telebehavioral health services. *Tulalip Tribes’ BH* platform is HIPAA compliant to protect your privacy and confidentiality.

### **Our Communication Plan**

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and behavioral health crises. Scheduling is conducted through *Tulalip Tribes’ BH* and is based on your clinician’s normal clinic hours. Telebehavioral health appointments are considered outpatient services and not intended as a substitute for emergency or

crisis services. Crisis or behavioral health emergencies should be directed to the Snohomish County Crisis Line (1-800-584-3578) or by dialing 911.

### **Our Safety and Emergency Plan**

As a recipient of telebehavioral health-based services, you will need to participate in ensuring your safety during behavioral health crises, medical emergencies, and sessions that you have with your clinician. Your clinician will require you to designate an emergency contact. You will need to provide permission for your clinician to communicate with this person about your care during emergencies.

Your clinician will also develop with you a plan for what to do during behavioral health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your clinician in the creation of these plans and that you follow them when you need to.

### **Risks and Consequences**

There are risks unique and specific to telebehavioral health, including but not limited to, the following:

- At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct client to clinician contact.
- There is a possibility that therapy sessions could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.
- There are potential risks and benefits associated with any form of behavioral health services, and that despite your efforts and efforts of your clinician, your condition may not improve, or may have the potential to get worse. While behavioral health treatment of all kinds has been found to be effective in treating a wide range of behavioral health disorders and personal and relational issues, there is no guarantee that all treatment of all clients will be effective. While you may benefit from telebehavioral health, results cannot be guaranteed or assured.

You have the right to:

1. Discuss any of this information with my clinician and to have any questions I may have regarding my telebehavioral health services answered to my satisfaction.
2. Withhold or withdraw my consent to telebehavioral health at any time without affecting my right of future care or services.

## **APPOINTMENTS**

### **Appointments**

Assessment Sessions: The initial appointment is 90 minutes to 120 minutes in length.

Therapy Sessions: The length of subsequent therapy sessions is roughly 50 minutes, but we may also see you for shorter or longer sessions when clinically indicated.

### **Cancelled Appointments**

Please call your clinic location's reception desk or contact your assigned clinician if you need to cancel your appointment. Please understand that your appointment is held exclusively for you. If for some reason you are unable to keep your appointment, please give as much notice as possible; we prefer 24 hours' notice for cancellations.

## No Show Policy

Due to high demand for services, we ask that you make every attempt to attend your scheduled appointments as outlined above. Three consecutively missed appointments will result in a communication by mail to attempt a final scheduling for your convenience. After three no-shows, we will no longer continue to offer on-demand services and your file will be reassigned to the wait list. We will attempt to communicate each no-show with you in an effort to provide you with ongoing care. Please know you are always welcome to return any time thereafter pursuant to the wait list or other considerations.

## Clinic Location

Adult Mental Wellness is located at Tulalip's Family Services Location:

2821 Mission Hill Road Tulalip WA 98271

Phone: 360-716-4400

Fax: 360-716-0758

### RIGHTS AND RESPONSIBILITIES OF CLIENTS IN THERAPY

This is a statement of your rights and responsibilities pertaining to the therapeutic relationship with your clinician. The Washington Administrative Code (WAC) 246-809-710 and RCW 18.225.100 requires therapists to provide written disclosure of the following information to clients before therapy begins. You have the right to refuse treatment, and the responsibility to choose the therapist and therapeutic approach, which best suits your needs. Additional client rights are outlined below.

#### Individual Rights - Clinical

You have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D-0680 upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and
10. Submit a report to the department when you feel the agency has violated a WAC requirement regulating "behavior health agencies."

*Washington Administrative Code (WAC) 246-341-0600*

## **Your Responsibilities**

You are responsible for:

1. Providing necessary information to facilitate effective treatment services;
2. Playing an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress, and achieve your goals;
3. Regular attendance and engagement in your services is key;
4. Be aware that not following service recommendations may compromise your health and safety including leading to serious medical and/or psychological consequences;
5. Notify your clinician if your condition worsens or if you are having difficulty keeping yourself safe;
6. In a crisis situation, if you are unable to reach your clinician during regular working hours or if the program is closed, assistance is available by calling:
  - 24-hour Snohomish County Care Crisis Line at 1-800-584-3578.
  - 911 or going to the nearest emergency department

## **FEEDBACK & GRIEVANCES**

Feedback helps insure that we are meeting your needs appropriately. If you have any questions about any information that you have received or how AMW operates, do not hesitate to ask your clinician or the clinical supervisor

## **Concerns Regarding Clinicians**

If you have a concern with your clinician, you are encouraged to contact them to discuss the situation. When the clinician is aware of an issue, often something can be changed or worked out. If you believe that it is not possible to resolve an issue or a complaint with your clinician, you are encouraged to contact the clinical supervisor to discuss the complaint related to professional or ethical issues can be made with the Washington State Department of Health at the address below. You may also obtain a list of acts of unprofessional conduct by contacting the Department of Health.

Health Systems Quality Assurance (HSQA) Complaint

PHONE: (360) 236-4700

WEBSITE:

EMAIL: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

<https://fortress.wa.gov/doh/providercredentialsearch/>

## **CLINICAL RECORDS AND CONFIDENTIALITY**

### **Protected Health Information & Confidentiality**

State and federal regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and professional standards, require AMW to keep records of the treatment and services provided. These records, and other information that AMW learns about you through the course of your treatment, is considered "protected health information" or PHI. Extensive measures are taken to ensure the privacy and security of your PHI pursuant to the state and federal regulations. The "Notice of Privacy Practices" document is universally followed by all Tulalip Health System programs that manage protected health information. To access a copy of the Notice of Privacy Practices, please see the reception desk or the Tulalip Health System website ([www.tulaliphealthsystem.com](http://www.tulaliphealthsystem.com)).

### **Limits to Confidentiality**

Issues discussed in the course of therapy are strictly confidential including the fact that you or your family member is seeing a clinician. We will not disclose any information to others unless you tell us to

do so, or unless compelled to do so by law. Information about your mental health services may be released to other persons under the following circumstances only:

1. When a release of information is signed by you
2. To a parent or legal guardian, when the client is under the age of 13.
3. When abuse or neglect of a child or a vulnerable/dependent adult must be reported by law.
4. When you are a danger to yourself or someone else, or are gravely disabled
5. When your behavioral health provider deems it necessary or appropriate to disclose information to another physician or health provider, unless you specifically request them not to.
6. If you waive your right to confidentiality by bringing charges against your clinician.
7. If there is a subpoena or court order for records from the secretary of health. The subpoena may only be for records related to a complaint or report under RCW 18.130.050.
8. When your insurance company requests your record in order to process your insurance claim.
9. When your family member or significant other attends a therapy session with you we make every effort to maintain privacy, but their communication is not privileged or protected by law and can be released without their permission.
10. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
11. We may resist releasing info to others or to you if we believe that the release would cause imminent harm.

### **Electronic Health Record**

The Tulalip Health System's Health Information Exchange (HIE) is an electronic system where healthcare providers share your information. Information about your visits will be stored securely in an Electronic Health Record (EHR) shared by other programs and providers in the Tulalip Health System (including Behavioral Health, Medical, Dental, and Community Health) to best coordinate your treatment through one health record. The Tulalip Health System policy prohibits all employees from accessing records except as needed for their job functions. *Your information may be accessed by, or shared with, Tulalip Health System staff outside of the AMW program only as needed for purposes of coordinating care, receiving consultation, or other reasons related to safety, treatment, payment, or healthcare operations.* If you have particular concerns about who can access your health record, you can discuss these concerns with your clinician or the clinical supervisor. You may also ask to examine and copy your record by making a written request. You may ask us to correct your record, if needed.

### **Audio or Video Recording**

Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by your clinician.

## **CONTACTING YOUR CLINICIAN**

Your communication with your clinician is part of the clinical records. Please note that clinicians do not use social media sites and may be unable to use any form of texting. Adding clinicians as friends on these social media sites and/or communicating via such sites can compromise your privacy and confidentiality. Email is inherently unsecure unless it is fully encrypted. Below are secure, confidential ways to contact your clinician.

## Phones & Faxes

The phone and fax numbers for the AMW clinic location can found in the “Appointments” section of this document. The direct phone numbers for the clinicians are listed in the “Clinicians’ Education, Training & Therapeutic Approaches” section. Clinicians may not be immediately available by phone. Confidential voicemail is available and clinicians make every effort to return calls as soon as possible.

## MyChart

The Tulalip Health System offers MyChart, a secure encrypted communications tool. Confidential patient information should ordinarily be exchanged through MyChart or other secure communication devices.

**Zoom** Telebehavioral health sessions may be offered through Zoom. AMW’s Zoom licenses are both HIPAA and 42 CFR Part 2 compliant. For more information about communication via Zoom see the “Telebehavioral Information” document on the Tulalip Health System website ([www.tulaliphealthsystem.com](http://www.tulaliphealthsystem.com)).

## EMERGENCIES BETWEEN SESSIONS

In an immediate life or death situation, call 911. If you or your family needs help right away, are in an emergent crisis involving feeling suicidal, at risk of hospitalization, or need to talk to someone immediately, call the 24-hour Snohomish County Care Crisis Line at 1-800-584-3578. You may also go to the emergency room of any hospital if in crisis and or having feelings of suicide. You can also text HOME to 741741 or call the National Suicide Prevention Lifeline, (800) 273-8255, from anywhere in the U.S. If your situation is not of an emergent state, but it is pressing, you may also AMW reception desk by calling (360) 716-4400 and asking to speak with the clinical supervisor or by calling your clinician directly. Some calls may be returned between sessions or when the clinician’s daily caseload has been attended. Please do not use emails or faxes for emergencies.

## FINANCIAL AGREEMENT

Each client’s health insurance company is billed for services rendered. You will need to apply for health insurance coverage if you are not currently covered. Please contact Tulalip Health System’s Alternative Resources at 360-716-4511 if you need assistance in applying. You are not eligible for any fee or service prior to signing this disclosure statement. Please inform Tulalip Health System Behavioral Health of any changes in the financial information given.

## CLINICIANS’ EDUCATION, TRAINING & THERAPEUTIC APPROACHES

**Sarah Wright, MA, NCC, LMHC**

License # LH 61099210 | PHONE: (360) 716-4314

### Credentials and Specialty

- License Mental Health Counselor (LMHC)
- National Certified Counselor (NCC)
- Certified Clinical Trauma Professional

### Education and Training

- Bachelor of Arts (BA), Sociology, Western Washington University

- Master of Arts (MA), Counseling, City University of Seattle

#### **Experience**

- 3+ years of clinical experience working with adults, family, and youth
- Settings: Community mental health and Inpatient behavioral health
- Experience with issues such as: depression, anxiety, suicidality, trauma, relationship conflict, facilitating groups, and crisis interventions.

**Rachel Foster, MS, LMFT**

LICENSE #: LF 60803670 | PHONE: (360) 716-4318

#### **Credentials & Specialty**

- Licensed Marriage and Family Therapist (LMFT)
- Mental Health Professional (MHP)
- Trauma Focused Cognitive Behavior Therapy

#### **Education & Training**

- Master of Science (MS), Counseling: Marriage and Family Therapy, University of Phoenix
- Dialectical Behavioral Therapy Intensive Training – Seattle
- Gottman Methods Couples Therapy Level 1
- Internal Family Systems Therapy (IFS) Training

#### **Experience**

- 9+ years of experience providing therapy with individuals, couples, and children
  - Various settings: schools, private practice, inpatient behavioral unit
- Experience with issues such as: depression, anxiety, self-harm, suicidality, trauma, grief & loss, facilitating groups, crisis interventions

#### **Theoretical Orientation and Approach to Counseling:**

My theoretical orientation can be described as eclectic, in that I merge together aspects of Family Systems, Cognitive Behavioral, Client Centered and Dialectical Behavioral Therapy. I work collaboratively with my clients, and strive to help them uncover their own personal strengths and achieve personal goals, through self-awareness and active participation in the therapeutic process. In counseling, you will be able to express your thoughts in a non-judgmental safe and nurturing environment. While we can't change the difficult situations of the past, we can work together to better understand and resolve challenges in the present and future.

**Raman Basanti, MS, LMHCA, MHP**

LICENSE #: MC 60677010 | PHONE: (360) 716-4311

#### **Credentials & Specialty**

- Licensed Mental Health Counselor Associate (LMHCA)
- Mental Health Professional (MHP)
- Trauma Focused Cognitive Behavior Therapy

#### **Education & Training**

- Master of Science (MS), Psychological Counseling, Monash University Australia
- Ph.D. Clinical Psychology Program Student- current



## **Experience**

- 5 years experience working with adults with severe trauma history, addiction recovery, facilitating groups, and crisis interventions

## **Theoretical Orientation and Approach to Counseling:**

My theoretical approach is flexible, and is determined by the needs of each client. In my practice I use Family Systems, Cognitive Behavioral, Client Centered and Dialectical Behavioral Therapy. I work collaboratively with my clients and strive to help them uncover their own personal strengths and achieve personal goals, through self-awareness and active participation in the therapeutic process. My goal is to help you find healing in your relationships, not only with yourself, but with those in your circle of life, community and intergenerational family legacies.

**Sara S. Giba, MA, LMHC, MHP, ATR**

LICENSE #: LH 60506516 | PHONE: (360) 716-4347

## **Credentials & Specialty**

- Licensed Mental Health Counselor(LMHC)
- Mental Health Professional (MHP)
- Registered Art Therapist (ATR)
- Developmental Disabilities Mental Health Specialist
- Specialty: LGBTQ issues, rights, advocacy

## **Education & Training**

- Associate's Degree (AA), Liberal Arts, Spokane Falls Community College
- Bachelor of Arts (BA), Psychology, University of Washington
- Bachelor of Arts (BA), English/Creative Writing, University of Washington
- Master of Arts (MA), Psychology, Mental Health Counseling/Art Therapy, Antioch University Seattle

## **Experience**

- 8+ years providing mental health counseling to Native Americans and Alaskan Natives
- 8.5 years in supportive role with independently living persons with Developmental Disabilities

## **Theoretical Orientation and Approach to Counseling:**

I promise to always treat you with respect and dignity and ask that you do so for me as well, to the best of your ability. I believe in open communication and am here to listen to you. I utilize a variety of techniques in therapy including Mindfulness practice, DBT, Art Therapy and others and am proficient in working with trauma-focused care, grief and loss, spiritual challenges, disabilities, and gender and sexuality issues to name a few.

Art Therapy utilizes a variety of art mediums. You are entitled to a well-ventilated, safe environment. I do require that should you knowingly have any allergies to any chemicals or supplies that you notify me before every session so that I may respect this and tailor our activities accordingly.

## INFORMED CONSENT FOR SERVICES

CLIENTS NAME

DATE OF BIRTH

### LEGAL INVOLVEMENT & RELATED DOCUMENTS

<b><i>Do any of the following apply to you? If yes, please provide a copy of the document.</i></b>	<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"><li>• Powers of Attorney?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Do you have Psychiatric Advance Directives? If Yes, a copy of your Psychiatric Advance Directives are on file at _____</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Under department of corrections (DOC) supervision?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Under civil or criminal court ordered mental health or substance use disorder treatment?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• On a Less Restrictive Alternative or Conditional Release court order?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• If you answered yes to any of the above questions, is there a court order exempting you from reporting requirements? <i>If so, a copy of the court order must be included in the record – please provide a copy</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>

### OUR SAFETY AND EMERGENCY PLAN

You will need to provide permission for your clinician to communicate with this person about your care during emergencies.

PRINTED NAME OF EMERGENCY CONTACT

RELATIONSHIP TO CLIENT

( ) - PHONE NUMBER FOR EMERGENCY CONTACT

### AUTHORIZATION FOR SERVICES

I have read the information provided above, received a copy, and understand the office policies including the following:

- Telebehavioral Health
- Rights and Responsibilities of Clients in Therapy
- Feedback & Grievances
- Clinical Records & Confidentiality
- Emergencies Between Sessions
- Financial Agreement
- Clinician's Education, Training & Therapeutic Approaches

I am consenting to mental health services at Tulalip Tribes' Adult Mental Wellness, and I agree to participate in therapy.

SIGNATURE

SIGNATURE OF CLIENT

PRINTED NAME

DATE

LEGAL GUARDIAN SIGNATURE *(if required)*

SIGNATURE OF LEGAL GUARDIAN

DATE

LEGAL GUARDIAN

RELATIONSHIP TO CLIENT

( ) -

PHONE NUMBER FOR LEGAL GUARDIAN

CLINICIAN SIGNATURE

SIGNATURE OF CLINICIAN

DATE

PRINTED NAME OF CLINICIAN



# Telemental Health Informed Consent

CLIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

## Nature of Telemental Health

“Telemental health” means, in short, “provision of mental health services with the provider and recipient of services being in separate locations and the services being delivered over electronic media.” Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

Telemental health allows your clinician to diagnose, consult, treat and educate using interactive audio, video or data communication regarding your behavioral health services. The telemental health appointment will be similar to a therapy appointment in the office, except interactive video technology will allow you to communicate with a clinician at a distance. *Tulalip Tribes’ Behavioral Health & Recovery (BH&R)* may not provide telemental health services to you if you are outside of Washington state.

## Technology

You will need to have a broadband internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. In case of technology failure, you may contact *Tulalip Tribes’ BH&R* by phone to coordinate alternative methods of treatment.

## Your Telemental Health Environment

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your clinician during the session. If you are unsure of how to do this, please ask your clinician for assistance.

## Healthcare Records and Confidentiality

All existing laws regarding your access to healthcare information and copies of your healthcare records apply to telemental health services. As a general practice, *Tulalip Tribes’ BH&R* DOES NOT record telemental health sessions without prior permission. Please do not record video or audio sessions without your clinician’s consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care.

Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telemental health. All existing confidentiality protections under federal and Washington state law apply to information disclosed during telemental health services. *Tulalip Tribes’ BH&R* platform is HIPAA compliant to protect your privacy and confidentiality.

## Our Communication Plan

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises.

Scheduling is conducted through *Tulalip Tribes’ BH&R* and is based on your clinician’s normal clinic hours. Telemental health appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. Crisis or mental health emergencies should be directed to the Snohomish County Crisis Line (1-800-584-3578) or by dialing 911.

## Our Safety and Emergency Plan

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your clinician. Your clinician will require you to designate an emergency contact. You will need to provide permission for your clinician to communicate with this person about your care during emergencies.

\_\_\_\_\_  
PRINTED NAME OF EMERGENCY CONTACT

\_\_\_\_\_  
RELATIONSHIP TO CLIENT

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
PHONE NUMBER FOR EMERGENCY CONTACT

Your clinician will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your clinician in the creation of these plans and that you follow them when you need to.

## Risks and Consequences

There are risks unique and specific to telemental health, including but not limited to, the following:

- At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct client to clinician contact.
- There is a possibility that therapy sessions could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.
- There are potential risks and benefits associated with any form of behavioral health services, and that despite your efforts and efforts of your clinician, your condition may not improve, or may have the potential to get worse. While psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of behavioral health disorders and personal and relational issues, there is no guarantee that all treatment of all clients will be effective. While you may benefit from telemental health, results cannot be guaranteed or assured.

## Authorization

I have read and understand the information provided above. I understand that:

- I have the right to discuss any of this information with my clinician and to have any questions I may have regarding my behavioral health services answered to my satisfaction.
- I may withhold or withdraw my consent to telemental health at any time without affecting my right of future care or services.

I hereby consent to participating in psychotherapy via telemental health (i.e., telephone or the internet).

## Minor Client Signature

\_\_\_\_\_  
SIGNATURE OF CLIENT (if 13 yrs of age or older)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

## Adult Client and/or Guardian Signature

\_\_\_\_\_  
SIGNATURE OF CLIENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF CLIENT/LEGAL GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO CLIENT

(\_\_\_\_\_)\_\_\_\_\_  
PHONE NUMBER FOR CLIENT/GUARDIAN