

TECHNOLOGY ASSISTED TREATMENT CONSENT, POLICIES & AGREEMENT

This form is in **addition** to the regular Policies, Agreement and Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must sign both in order to participate in Technology Assisted Treatment sessions. Your signature indicates that you are consenting to engage in Technology Assisted Treatment sessions for initial evaluations and follow-up medication management services through Monarch Health and Wellness LLC. Technology Assisted Treatment sessions involves the delivery of your mental health services using interactive audio, video, or data communications both verbally and visually.

While participating in Technology Assisted Treatment sessions you understand that you will be receiving services originating from the office or from home office of your provider. In order to participate in Technology Assisted Treatment sessions you will need to have an available device that has the capacity to utilize the software platform utilized by Monarch Health and Wellness LLC, which may include a broadband internet connection or a smart phone device with good cellular connection at home. In some situations, this could mean audio only devices, but only as approved by Monarch Health and Wellness LLC and as prescribed by applicable law. You agree to participate in the sessions from a room that is confidential and has little to no interruptions from others. If this is not possible, you agree to discuss this situation with your provider.

Benefits

The benefits to Technology Assisted Treatment are:

1. The ability to expand your choice of service provider.
2. More convenient appointment options including location, time, no driving, etc.
3. Reduces the overall cost and time of sessions due to not having to drive to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

Limitations

It is important to note that there are limitations to Technology Assisted Treatment that can affect the quality of the appointment(s). These limitations include but are not limited to the following:

1. Your provider may not be able to see you, your body language, or your non-verbal reactions to what we are discussing.
2. Due to technology limitations your provider may not hear all of what you are saying and may need to ask you to repeat things.
3. Technology might fail before or during the Technology Assisted Treatment appointment.
4. Although every effort is made to reduce confidentiality breaches, use of Technology Assisted Treatment may



result in people overhearing appointments depending on the patient’s appointment setting, or technology or platform data breaches.

5. To reduce the effect of these limitations, your provider may ask you to describe how you are feeling, thinking, and/or acting in more detail than they would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.
6. Technology Assisted Treatment may not be the most effective treatment plan for you. If you or your provider have concerns about this method of treatment, we may recommend an in- person visit instead.

Logistics

When Monarch Health and Wellness LLC provides phone/video sessions, your provider will call you at our scheduled time or send you a link for our secure and HIPAA compliant video session. You are expected to be available at your scheduled time and to be prepared, focused and engaged in the appointment. Your provider will be contacting you from a private location. You are also expected to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others can hear you, your provider cannot be responsible for protecting your confidentiality. Every effort **MUST** be made on your part to protect your own confidentiality. Wearing a headset to increase confidentiality and also increase the sound quality of our sessions is recommended. Please know that your provider cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please ensure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

Please know that per best practices and ethical guidelines your provider can only practice in the state(s) they are licensed in. That means wherever you are located during the appointment must be a place where your provider is licensed. You agree to inform your provider if your location has changed or if you have relocated your domicile to a different jurisdiction.

Connection Loss during Phone Sessions: If you and your provider lose connection during the appointment, your provider will call you back immediately. Please also attempt to call your provider at 480-646-3221 if your provider cannot reach you. If you and your provider are unable to reach each other due to technological issues, your provider will attempt to call you two times. If the provider cannot reach you, the provider will remain available to you during the first fifteen minutes of your scheduled session. Should you contact your provider back and there is time left in your appointment, your appointment will continue. If the reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on the provider’s end, the provider will call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

Connection Loss during Video Sessions: If the connection is lost during a video session, the office will call you to troubleshoot the reason for the lost connection. If the office cannot reach you, your provider will remain available to you during the entire course of your scheduled appointment. Should you contact your provider and there is time left in your appointment, the appointment will continue. If the reason for a connection loss i.e. technology, battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on the provider’s end, you can either complete the appointment via telephone or plan an alternate time to complete your appointment.

Please list your main number and an alternate number below.

Number(s) _____ or _____



Recording of Sessions

Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-provider relationship.

Payment for Services

Payments for services must be made **prior** to each session. The office will charge your card on file you may call prior to the appointment to make payment. Payment is to be completed prior to your session.

Cancellation Policy

If you must cancel or reschedule an appointment, 48-hour advance notice is required, otherwise you will be held financially responsible. Should you cancel or miss an appointment with notification less than 48 hours this will result in being charged the **no show fee** for your missed appointment. Cancellations must be communicated by phone, or via confirmation text if you have opted in for this service. If clients have more than 2 cancellations during the course of treatment the provider and client will address the need for ongoing treatment. Should a client who has cancelled more than twice during the course of treatment express a wish and/or desire to continue a client may be asked to pre-pay for sessions when they are scheduled. If the client cancels with less than 48 hours' notice or misses the appointment and the session is pre-paid, this follows the cancellation guidelines and the payment will not be reimbursed for the missed or cancelled appointment. Phone/video sessions should be treated as regular in-office appointments. If you are late getting on the phone, are unable to talk at the scheduled time, your technology is not working and you are unable to access another confidential place to talk, or any other variable that would have you not be able to attend the appointment please know that you will be charged for the appointment.

Emergencies and Confidentiality

We request an emergency contact for you. Please list the person's first and last name, relationship and phone number(s) of your emergency contact:

Full Name _____

Relationship _____ Number(s) _____

We also request the address from which you are calling and the number to your local police department including area code in the area in which you are located during the time of our call.

Street Address _____

City _____ State _____ Zip Code _____

City & State of Local Police Department _____ Phone Number _____

If a situation occurs where you and your provider are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433.

If your provider has concerns about your safety at **any** time during a phone session, your provider will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.



Consent to Participate in Technology Assisted Treatment Appointments

By signing below you agree that you have read and understand all of the above sections of the Technology Assisted Treatment informed consent. You agree that you also understand the limitations associated with participating in Technology Assisted Treatment sessions and consent to attend sessions under the terms described in this document.

Client Signature _____ Date _____

Printed Name _____

