



220 Wisconsin Dells Parkway South, Suite #1

Wisconsin Dells, WI 53965

Phone: 608-448-6418 FAX: 844-705-0151

www.calmingjourneys.com

Authorization for TeleMentalHealth (TMH) Video or Phone Sessions

Client Name: _____

Date of Birth: _____

1. As part of our services, Calming Journeys offers telementalhealth video and/phone sessions. **Please check with your insurance provider to make sure telementalhealth services are covered.**
2. My healthcare provider has explained to me how video conferencing technology will not be the same as a direct client/therapist visit because I will not be in the same room as my healthcare provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the telementalhealth visit if it is felt that the videoconferencing connections are not adequate for this situation.
4. I understand that my healthcare information may be shared with another individual for billing purposes, same as an in-person visit.
5. In an emergent consultation, the therapist's responsibility will conclude upon the termination of the videoconference or phone connection.
6. I understand that billing will occur from my practitioner and some insurance companies, especially EAPs, may deny video or phone sessions and I am still responsible for the fee agreed upon with my therapist.
7. My questions about videophone sessions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

1. That I have read or had this form read and/or had this form explained to me.
2. That I fully understand its contents including the risks and benefits of the procedure(s).
3. That I have been given ample time opportunity to ask questions and that any questions I had were answered to my satisfaction.

Print Client's/Parent/Guardian Name

Client's/Parent/Guardian Signature

Date

***This signed form shall be in effect for one year from the date of signing unless revoked in writing.