

**Consent for Treatment
Authorization to Bill Insurance Using Telehealth**

**Marcie L. O'Neil, MSW, LISW-S
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1. By agreeing to this consent, I acknowledge that I am an Ohio resident, at least 18-years old, and consent to be treated by Marcie L. O'Neil, MSW, LISW-S or by agreeing to this consent I acknowledge that I am an Ohio resident, at least 18-years-old, and consent for my child, whom I am the legal guardian, to be treated by Marcie O'Neil, MSW, LISW-S. These requirements may be waived in the event of state or national emergency.
2. Marcie O'Neil, MSW, LISW-S provides the ability for Ohio residents to participate in a video-conferencing psychotherapy session.
3. I acknowledge that there may be limitations to Telehealth health and that all mental health difficulties will not be able to be treated by Telehealth. All clients will be assessed during their initial session to determine if they are candidates for Telehealth services. Examples of Individuals that are not candidates for Telehealth– are individuals that may be acutely suicidal or homicidal or may suffer from severe psychosis.
4. I acknowledge that Telehealth is an innovative technology. I also acknowledge that the field of Telehealth is new and is currently undergoing research to further ascertain the benefits and shortcomings.
5. I acknowledge that if I am currently experiencing a severe mental health or physical health crisis that I will immediately call 911. I acknowledge that if I express intentions of immediate harm to myself and/or others - and then disconnect services – that Marcie L. O'Neil, MSW, LISW-S will call 911 and direct emergency personnel to my residence.
6. I acknowledge that by using Telehealth services (and the technologies that it relies upon) that there may be a sudden and unexpected disruption of services. If for any reason a session is interrupted (e.g. due to technical difficulties), Marcie O'Neil, MSW, LISW-S will make reasonable attempts to contact the client through the other given means of contact. For example, if a video-conferencing session is interrupted (and cannot be restored), Marcie O'Neil, MSW, LISW-S may attempt to call the client.

7. I acknowledge that despite all the safe-guards being put into place, using Telehealth services pose a risk of confidential information being exposed. I acknowledge that by transmitting information over the internet there is a risk of theft of personal information.
8. I acknowledge Marcie O'Neil, MSW, LISW-S has been educating herself on the effectiveness of and limitations of Telehealth services
9. I acknowledge that all providers using the Telehealth services at Marcie L. O'Neil, MSW, LISW-S must legally report all individuals that are actively suicidal (with a plan). Marcie L. O'Neil, MSW, LISW-S must also legally report individuals that have been abused, are abusing others, are homicidal, or whom plan on committing a serious felony in which individuals may get hurt.
10. I acknowledge that the benefits of Telehealth are: the ease and convenience of services, the increased confidentiality due to not walking into a doctor's office, the ability of those suffering from social phobias or other phobias (that may prevent them from leaving their homes) to receive services, the ability of disabled individuals (whom may have a difficult time moving) to receive services, the ability of individuals lacking transportation to receive services and, the ability of those living in remote areas to receive service and those suffering from illness or threat of illness. I acknowledge that the risk of Telehealth. are: the potential of exposed confidential information, sudden disruptions in technology, and potential miscommunications caused by the client and therapist not being in the same room.
11. Records will be kept by Marcie L. O'Neil, MSW, LISW-S and the staff at Cincinnati Psychiatric Services and will not be accessible to any person without valid written authorization by the client. No other individuals will have access to this information. Records for adults (individuals 18 and older) will be kept for a duration of 7 years since the last date of service. Records for minors (individuals less than 18-years-old) will be kept 7 years after they have turned 18 or 10 years after the last date of service; whichever is longer. After the above stated times, paper records will be shredded and electronic records will be deleted. I acknowledge that certain personal health information may be sent to insurance companies to facilitate reimbursement.
12. Email. I consent to receive emails from Marcie L. O'Neil, MSW, LISW-S. I additionally consent to receive emails using ADOBE Sign or other signature services to facilitate the signing of all required documents. I also acknowledge that if I send an email or receive emails they will not be encrypted. I acknowledge that if I send an email or text Marcie L. O'Neil, MSW, LISW-S that I have been notified to not send personal health information that is intended to be kept confidential.
13. I acknowledge that clients may decline any Telehealth services at any time without jeopardizing their access to future care, services, and benefits.
14. I acknowledge that it is the client's responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records and communications

15. I acknowledge that the laws and professional standards that apply to in-person psychological services also apply to Telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.
16. I acknowledge that Marcie L. O'Neil, MSW, LISW-S has offered me a HIPAA privacy authorization form and I acknowledge and agree to the HIPAA privacy authorization form of Marcie L. O'Neil, MSW, LISW-S.
17. I acknowledge that with my consent during my Telehealth treatment details of my medical history and personal health information may be discussed with other behavioral healthcare professionals through the use of interactive video, audio, or other telecommunication technology.
18. I acknowledge that if I need direct/in person (face-to-face) services that it is my responsibility to contact Marcie O'Neil, MSW, LISW-S or other practitioners in my area.
19. I ensure that I am using my own equipment to communicate and not equipment owned by another, and specifically not using my employer's computer or network. I'm aware that any information I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.
20. I acknowledge that my provider has communicated how Telehealth consultation is performed and how it may be beneficial and used for my treatment. I acknowledge that I also have been told how Telehealth services differ from in-person consultation, including how emotional reactions may be generated/misinterpreted when using technology.
21. I acknowledge that I understand that it is my duty to communicate to my provider any electronic interactions regarding my care that I may have with other healthcare providers.
22. I acknowledge that the alternatives to Telehealth have been contemplated and the risk and benefits of Telehealth have been explained. I acknowledge that I understand that in-person treatment is still an option unless restricted by national or state crisis or health concerns posed by the client or Marcie L. O'Neil, MSW, LISW-S. I understand that Telehealth treatment does not necessarily eliminate my need for in-person treatment and I acknowledge that there is no guarantee of Telehealth treatment's effectiveness.
23. I understand that under typical circumstances I'm allowed access to my records. I also understand that if my provider, in their professional judgment, concludes that providing these records may cause harm to another – myself or another person, that my provider may rightfully decline to provide these records.

24. I acknowledge that I have received my provider's contact information, including their name, telephone number and business address. I know that I also have been made aware of how to locate and utilize local services in case of an emergency.
25. I acknowledge that text messaging is not HIPAA compliant. I know that if I choose to text my provider that this information is outside the boundaries of HIPAA laws and that my provider cannot be held liable for breach of confidentiality.
26. I acknowledge that I have been notified that my provider will not be interacting with me using social media.
27. I acknowledge that I will be utilizing Telehealth services at the location given to my provider during the intake process. I also acknowledge that if I am at a different location – different from the location given during the intake process – I will notify my provider.
28. I acknowledge that my client information will be stored on a database and that all safe guards available will be used to keep this information secure.
29. I acknowledge that if no contact has been undertaken between myself and Marcie L. O'Neil, MSW, LISW-S for the period of 90 days that returning to treatment will be negotiated between myself and Marcie L. O'Neil, MSW, LISW-S
30. I know that deficiencies in electronic equipment can cause interference with diagnosis and treatment.
31. I acknowledge that when using Telehealth services that human error can lead to incorrectly delivered messages and other unforeseen events.
32. I acknowledge that if I do not show for scheduled Telehealth appointments that my provider will contact me by phone and I will be charged for the visit at the rate of \$60 per missed visit.
33. I acknowledge that I have been told that cash payments for Marcie L. O'Neil, MSW, LISW-S are \$150 for an initial assessment; \$130 for a 60-minute session; \$100 for a 45-minute session \$60 for a 25-minute session and \$30 for a 15-minute session. If using insurance, the office will file your insurance company. It is your responsibility to know the benefits and coverage of your plan. You are responsible for any charges not covered by your plan.
34. Video Conferencing Security. Video-conferencing sessions will be conducted on a confidential encrypted secure network and will comply with all parts of the 1996 HIPAA privacy law unless a state/federal state of emergency is in place. Marcie O'Neil, MSW, LISW-S will offer the most secure option available if the such a situation arises.
35. Breach of Security: Marcie L. O'Neil, MSW-LISW-S clients will be notified if there is a breach of privacy or security.

By Signing this I agree to the policies and procedures of Marcie L. O'Neil, MSW, LISW-S

Client Signature: _____ Date: _____

By signing this form, I authorize Marcie L. O'Neil, MSW, LISW-S to bill my health insurance for all services rendered.

By signing this form, I consent to be treated by Marcie L. O'Neil, MSW, LISW-S

Client Signature: _____ Date: _____