



Independent Management Services

Providing Human Services to Families in Southern Minnesota

101 21st St SE Suite 1 | Austin, MN, 55912 | Phone (507) 437-6389 | Fax (507) 437-0977 | info@imsofmn.com | imsofmn.com

TELEHEALTH POLICIES AND PROCEDURES

Independent Management Services offers Telehealth as a form of providing many of our services. Telehealth has proven to be as effective as face to face counseling and is an effective way for people to receive counseling services to help manage mental health symptoms, treat mental illness, and improve overall mental health. Here at Independent Management Services our providers have received necessary training to provide Telehealth Services and will go through a process with you to determine if you are a good fit for receiving Telehealth Services. Please note that, over time, your therapist may determine that you are no longer a candidate to receive such services, or may determine that you are eligible as you work together.

Safety is important to us here at Independent Management Services. You will need to verify your identity and be willing to follow set guidelines and safety practices to continue any form of counselling at Independent Management Services.

Independent Management Services will use a HIPAA compliant, audio and video, two-way interactive website. The client (patient, care giver, etc.) and our provider/therapist will use audiovisual telecommunications technology (computer). This type of service is also referred to as “real-time” and may serve as a substitute for an in-person session. You will need to provide your own computer, have access to email, and know some minor basics about using email. You will be required to have your own email address.

EMAIL ADDRESS: _____

Confidentiality is very important for all of us here at Independent Management Services. We will follow all state and federal guidelines and take seriously using equipment that values your privacy.

If you are interested in receiving Telehealth Services you must complete a Risk Assessment with your therapist/practitioner to determine if you are a good fit for Telehealth Services. You must be willing to comply with standards of safe Telehealth Services, which include but are not limited to some of the following criteria:

PRIVACY MEASURES FOR THE CLIENT (Expectations of the Client):

- Avoid using mind altering substances prior to a session
- Dress appropriately
- Hold the session in an appropriate room (not a bedroom) when attending a web-based session
- Do not have anyone else in the room unless you first discuss it with your counselor
- Do not conduct other activities while in session, such as driving
- Do not bring any weapons of any kind to session (based on clinical judgement)
- Do not record sessions without first obtaining provider’s approval
- Be located within the State in which the clinician/staff is licensed to practice (client should inform the clinician/staff regarding their location)
- It is recommended that you sign on to your account at least 5 minutes prior to your session start time. You are responsible for initiating the connection with your provider at the time of your session.
- With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use
- Do not keep your therapists contact information on your phone if it synched with other accounts/application.
- Notify your therapist/staff if you suspect any breach in security



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EMERGENCY MANAGEMENT FOR TELEHEALTH:

So that we can get you help in the case of emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You, the client, will inform me, your therapist/staff, of the location in which you will consistently be during our sessions, and you will inform me if this location changes.
- You, the client, will identify on your client information form, a person, whom I, your therapist/staff, can contact in the case that I believe you are at risk of harming yourself or others.
- Depending on my assessment of risk, you, the client, or I your therapist/staff, may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call 911 and/or transport you to a hospital. In addition, I may assess and therefore require, that you create a safe environment at your location during the entire time that you are in treatment/services with me. This may mean disposing of all firearms and excess medications from your location.

COST:

In most cases, Telehealth is covered by Insurance, please remember, however, that any services you receive at Independent Management Services that are not covered by your Insurance are ultimately your responsibility to pay. You may pay privately for telehealth Services. The same rates that apply for face to face therapy apply to Telehealth Services. The cost savings to you comes in the form of saving on gas, vehicle wear, time, potential child care costs, and/or time missed from work.

SAFETY and PATIENT-PROVIDER RELATIONSHIPS:

Patients should trust that providers will offer necessary information for patients to make decisions about treatment. They should also expect competent care, assurance of privacy and confidentiality, and continuity of care. Providers' ethical responsibilities remain the same with Telehealth, but differences in possible patient-provider interactions in Telehealth have brought accountability and the patient-provider relationship to the forefront of discussions about Telehealth safety. As an avenue for service delivery, Telehealth ideally would be integrated into regular, coordinated care and services.

DISCONTINUATION of TELEHEALTH SERVICES:

Each Mental Health Professional at Independent Management Services will access and discuss treatment to determine if in-person services, Telehealth Services or a combination of the two would be most appropriate. Discontinuation of any services will be determined based on clinical judgement of treatment plan adherence, and/or treatment progress towards goals identified. Once a client has reached their goals according to their treatment plan the clinical and the client will work together towards discharge, or work toward creating new treatment plan based on medical necessity.

IF you are interested in receiving Telehealth Services you must read and sign this document, read and sign the TELEHEALTH INFORMED CONSENT, and complete a RISK ASSESSMENT. If done electronically, they will be entered into your electronic health record. Once you complete them, please return them to your therapist/staff.

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____