



Talkish Therapy Inc  
Ishita Patel, MFT, LMFT  
1755 Woodstock Rd. Suite 200  
Roswell, GA 30075  
770-910-2753, ext. 704  
www.cornerstonefamilyservices.com

## INFORMED CONSENT

The following contains important information about the professional services provided by Ishita Patel, MFT, LMFT. This document is designed to inform you about what you can expect from me regarding my understanding of therapy, confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is a part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Should we choose to enter into a therapeutic relationship, please know that it is a collaborative experience and I welcome any questions, comments, or suggestions at any time. By you signing this document, we enter into an agreement that allows me, Ishita Patel, MFT, LMFT, to provide therapeutic services to you.

### TeleMental Health Statement

In our ever-changing technological society, there are several ways I could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your therapist remains therapeutic and professional. TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.

TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, I have completed specialized training in TeleMental Health. I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

### The Different Forms of Technology-Assisted Media Explained

#### Virtual therapy:

I will be using a HIPAA-compliant platform with a Business Associate Agreement to ensure protection of your confidential information. I will be using the following online therapy portals, which allows video and live chat options such as Doxy.me, GoogleMeet, or Zoom to facilitate online therapy sessions. However, it is important for you to know that even online therapy platforms may not be completely secure and confidential based on your surroundings. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your computer may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have agreed to continuing online therapy sessions with me, then I recommend that you find a secure location, possibly with headphones, to ensure confidentiality. If this is not an acceptable way to contact you, please let me know. Telemental health services (other than just setting up appointments) are billed at my hourly rate (i.e., \$135.00 per 45-50 minute Individual, Couple, or Family session).

### Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically only for purposes of setting up an appointment if needed. Additionally, I may keep your phone number in my cell phone, but it will be listed by your initials only and my phone is password protected. If this is a problem, please let me know, and I will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed at my hourly rate (i.e., \$135.00 per 45-50 minute Individual, Couple, or Family session).

### Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text because it is a quick way to convey information. **Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

### Email:

Email is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. **Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations.** Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

Even though I will only utilize email for appointments and brief topics, I utilize a secure email platform that is hosted by G Suite your added protection. I have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and the company has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. I encourage you to also utilize this kind of software for protection on your end. Otherwise, when you reply to one of my emails, everything you write in addition to what I have written to you (unless you remove it) will no longer be secure. My encrypted email service only works to send information and does not govern what happens on your end.

I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see below under "Emergency Procedures."

### Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is my policy not to accept "friend" or "connection" requests from any current or former client on any of my **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our therapeutic relationship.

However, Cornerstone Family Services has a **professional** Facebook and Instagram page. You are welcome to "follow" us on any of these **professional** pages where we post articles regarding mental health and advocacy. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Cornerstone Family Services. Please refrain from making contact with me using social

media messaging systems such as Facebook Messenger or Twitter. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

### Recommendations to Websites or Applications (Apps):

During the course of your treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

### Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

### Consent to TeleMental Health Services

Please sign below that you give me consent to provide TeleMental Health services for your treatment or administrative purposes. You and your therapist will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying us in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

### Emergencies

Ishita Patel, MFT, LMFT, does not provide emergency services. I do not carry a pager, and I am not available at all times. If this does not feel like it will be sufficient support for you, please inform me and we can discuss additional resources or transfer your case to a therapist or clinic that has 24-hour availability. Generally, I will return phone calls within 24-48 hours. Should I be out of town, I will make every effort to alert you of my absences. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one of more of the following:

1. Call Ridgeview Institute at 770.242.4567 or Peachford Hospital at 770.454.5589
2. Call 911
3. Go to the emergency room of your choice
4. Georgia Crisis and Access Line (GCAL) 1.800.715.4225 (available 24/7)
5. Cobb County Mental Health Crisis Line 770.422.0202
6. Fulton County Mental Health Crisis Line 404.730.1600



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**\*\*Please keep the above information for your record. Return only this page.\*\***

Consent to Treatment via Telehealth

By signing below you agree that you have read (or have had read to you) all of the above sections of the informed consent form for TeleMental Health services and that you understand the risks and benefits associated with the therapeutic process. You understand that you can ask questions about the process at any time. You agree to pay the disclosed fee for services rendered and to provide 24 hours notice to cancel your appointment.

If Applicable:

\_\_\_\_\_  
Signature (Client/Parent/Guardian)      Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Signature      Date

Initial here:

\_\_\_\_\_ I have read & understand the "TeleMental Health" section.

\_\_\_\_\_ I have read & agree to the "Different Forms of Technology-Assisted Media" section.

\_\_\_\_\_ I have read & agree to "Your Responsibilities for Confidentiality and TeleMental Health" section.