

Paperwork Instructions

Please review and complete the following information.

To best serve you, we ask that you complete and email these forms (make sure you save the form first before you send) **prior** to your telehealth session.

If we do not receive this information 24-hours prior to your appointment, we will unfortunately need to cancel your appointment and reschedule it.

To expedite this process, please write your name and the provider you are seeing in your email subject line.

This form is fully typable and does not need to be printed to be completed.

This form will not work and your information will not be saved if you are not opening it in the app called Adobe Acrobat Reader for PDF. If you do not use Adobe Acrobat Reader, you may find you save the form and it is blank when you reopen it.

Adobe Reader is free. You can download it on your phone's app store (search for Adobe Acrobat Reader) or on the website: www.get.adobe.com

What should I expect after I send this information?

You will receive an email that includes

- Confirmation of your scheduled appointment date and time
- The name of the provider your appointment is with
- The link you will use to access your telehealth session at the time it is scheduled
- Phone numbers to utilize in case there is audio or visual technicalities

Important:

Due to the significant number of telehealth sessions being scheduled, you will not receive your session link until the day prior to the scheduled appointment in most cases.

Make sure you are also checking your spam folder if you do not receive your appointment link.

Patient and Family Information Handout Telehealth

What is Telehealth?

Telehealth is the electronic delivery of healthcare services from a distance which includes audio and video technology. Put more simply, Telehealth will allow you to see and talk to your provider over a special interactive electronic system.

Why does St. Louis Behavioral Medicine Institute use Telehealth?

Telehealth helps us to provide mental health services in the event that you or your provider are not able to attend a face-to-face session. Your provider will care for you and communicate with the rest of your clinical team (if appropriate) just as if they were with you in person.

What are my responsibilities as a patient?

We will ask you to give your consent to the Telehealth visit once we have explained it to you. You will need to be in a private room by yourself (or with a family member if appropriate). In addition, you will need access to either a computer screen with a video camera/audio equipment or you will need access to a smartphone or tablet that allows for Zoom telehealth technology services. Once the session is ready to begin, you will need to access the provided Zoom link on the above mentioned equipment so that you and your provider can see and talk to each other. You are expected to let your provider know if you have any trouble seeing or hearing your provider, if you are uncomfortable, or if you having any trouble understanding what is happening.

Is Telehealth private?

Yes. Your visit with your provider will be private and will meet all Institute, state, and federal privacy standards. No one will see or hear you except for you and your provider.

Will my insurance cover Telehealth?

Due to the state and nationwide emergency, we anticipate that your insurance company will not deny coverage of any service performed virtually that would have been covered in-person. We will bill your credit card at the time of telehealth services for the estimated portion you are responsible for (deductible, co-pay, and/or co-insurance).

Are Telehealth subject to the same 24 hour cancellation policy?

Yes. Telehealth services still require a 24-hour cancellation policy in order to avoid a late cancellation / no show charge. This is because your provider is reserving the time for the session just for you. Unlike some doctor practices, SLBMI providers do not double-book appointments. When you cancel at the last minute or miss an appointment, we are unable to make that time available to someone else who may need to see your provider also.

Occasionally there will be technology difficulties that may originate from either your own technology or from SLBMI's technology. While each party is expected to complete all actions within reason to prevent any technology disruptions, it is also anticipated that there will be occasional technology failures. In the event these were to occur, it would be on behalf of your provider to determine whether the session should be cancelled and rescheduled (without charge to you), whether to utilize telephone (i.e., audio only) services, or whether to discontinue use of telehealth sessions due to continued technology disruptions.

Do you have any questions?

Please let us know if you or your family has any other questions or concerns. We will be pleased to assist you.



St. Louis Behavioral Medicine Institute

1129 Macklind Avenue · St. Louis MO, 63110 · 314-534-0200
16216 Baxter Rd · Chesterfield, MO 63017 · 636-532-9188

What are TeleHealth Services?

Telehealth services are used when you cannot be physically present with your provider in order to provide therapy for your mental health needs. The provider would be present at another location, to serve you through video and audio technology to send both voice and visual images between you and your provider. The combination of visual and audio makes it possible for your provider to better provide counseling services when in-person therapy is not possible. We use Zoom Technology that incorporates network and software security protocols to protect the confidentiality of patient information and the visual/audio data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. We only allow for use of telehealth health services through the use of Zoom.

How do Telehealth Services work?

You need to be in a private room by yourself, or with a family member (as determined between yourself and your provider). You will need to have access to either a computer screen with a video camera and audio equipment or you will need to have access to a smartphone or tablet that allows for the Zoom telehealth technology services. Your provider will also be in a private room at their location with similar equipment. When the session is ready to begin, you will start the computer/phone and camera so that you and your provider can see each other and talk together. When the session is over, you can close the Zoom telehealth software.

What happens if I choose not to consent to Telehealth Services?

If you choose not to consent to Telehealth services, you will receive only face-to-face care (when it becomes available) from your provider.

My Rights

- ✓ I understand that the laws that protect the privacy and confidentiality of medical information also apply to Telehealth.
- ✓ I understand that the technology used is encrypted to prevent the unauthorized access to my private medical information.
- ✓ I have the right to withhold or withdraw my consent to the use of Telehealth during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- ✓ I understand that the provider has the right to withhold or withdraw their consent for the use of Telehealth during the course of my care at any time.
- ✓ I understand that all rules and regulations which apply to the practice of psychology in the state of Missouri also apply to Telehealth.
- ✓ I understand that I am using telehealth services due to state, national, and global emergency reasons and that therapy will resume as in-person services when available and as agreed upon by myself and my provider.
- ✓ I understand that telehealth depends on technology, which is at risk for technical difficulties for which the originating concern (behalf of SLBMI technology or on behalf of my own technology) may be beyond the scope of determination and may result in my telehealth session being cancelled, shifted to telephone services, or otherwise incomplete.
- ✓ I understand that I need to provide a phone number where I can be reached, in the event of technical problems.



My Responsibilities

- I understand that I need to provide my provider with my physical location during my telehealth session and that my emergency contact may be contacted in the event
- I understand that it is important to be on time. If I need to cancel or change my telehealth appointment, I must notify SLBMI at 314-534-0200 (Macklind location) or 636-532-9188 (Baxter location).
- I understand that it is important to be in a quiet, private space that is free of distractions during the session.
- I understand that the 24-hour cancellation policy applies to telehealth sessions.
- I understand that it is important to use a secure internet connection rather than public/free wi-fi.
- Telehealth sessions will not be recorded without written consent. I understand that I and my provider will not record any of our Telehealth sessions without my written consent.
- My provider and I will inform each other if any other person cannot hear or see any part of our session before the session begins.
- I will maintain an active credit card number on file in order to pay for the clinical services at the time they are provided to me (based upon deductible, co-pay, and/or co-insurance, per my specific insurance plan and coverage benefits).
- I understand that telehealth coverage is dependent on my specific insurance company and plan policy.
- If I am not an adult, I understand that SLBMI needs the permission of your parent or legal guardian (and their contact information) for me to participate in telehealth.

Patient Consent to The Use of Telehealth

I consent to Telehealth services and I have read and understand the information provided above regarding Telehealth. I also understand that payments that I am responsible for will be collected at the time of service through the credit card number I have on file. I have had the opportunity to ask questions about this information and questions have been answered to my satisfaction. I hereby give my informed consent for the use of Telehealth in my mental health care and authorize to use telehealth in the course of my treatment.

_____ Date: _____
 Signature of Patient (or person authorized to sign for Patient):

If authorized signer, relationship to Patient: _____

