

PRACTICE FORMS

Matthew G. Mandelbaum, PhD

Name:

Date:

DOB:

Current Address(City) (State) (Zip) :

Home Phone:

May we leave a message? Yes No

Cell/Other Phone:

May we leave a message? Yes No

E-mail:

May we email you? Yes No

*Please note: Email correspondence is not considered a confidential medium of communication.

Primary therapist/practitioner and contact information:

Are you willing to sign a release of information so I can speak with this person? Yes No

Other therapist/practitioner and contact information:

Are you willing to sign a release of information for me to speak with this person? Yes No

All appointments canceled less than 24 hours before appointment will incur the full fee.

Acknowledged **By typing my full name following this statement:**

Notice of Privacy Practices Acknowledgment Form

I have received a digital copy of Dr. Matthew G. Mandelbaum, PhD's

Notice of Privacy Practices <http://www.groundbreakertherapy.com/forms>

Acknowledged **By typing my full name following this statement:**

TELEMENTAL HEALTH INFORMED CONSENT

This agreement is intended as a supplement to the general rules of practice. Benefits: The benefits of having a video consultation can be: 1. Reducing the waiting time to see a specialist or other distant service. 2. Avoiding your need to travel to the specialist or distant service. 3. Assisting your local health service to better look after you. I understand that I might not get all these benefits. Risks: The risks of having a video consultation can be: 1. A video consultation will not be exactly the same and may not be as complete as a face-to-face service. 2. There could be some technical problems that affect the video visit. 3. This health care service uses systems that meet recommended standards to protect the privacy and security of the video visits. However, the service cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist. If the video technical issues interfere with session progress, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second video visit, or moving to a different technical format. I can change my mind and stop using video consultations at any time, including in the middle of a video visit. This will not make any difference to my right to ask for and receive health care. Fees and Insurance Coverage: The same fee rates apply for telepsychology as apply for inperson psychotherapy. You are still responsible for paying fees directly to Dr. Matthew Mandelbaum, PhD at the time of service. While I am still an out-of-network provider, New York State Telehealth Parity Law Requires commercial insurers and Medicaid to provide reimbursement for services delivered via telehealth if those services would have been covered if delivered in person • Public Health Law (PHL) Article 29-G, Social Services Law § 367- u, and Insurance Law § 3217-h. These laws may help you with interact with your insurance company to receive the reimbursements, which is your responsibility. Consent: I hereby consent to engaging in telepsychology/telemental health with DR. MATTHEW G. MANDELBAUM, PHD, as part of my psychotherapy. I understand that "telemental health" includes the practice of psychotherapy delivery, diagnosis, consultation, treatment, transfer of health data, and education using

interactive audio, video, or data communications. I understand that telemental health may also involve the communication of my medical/mental information, both orally and visually, to health care practitioners located in New York or outside of New York. I understand that I have the following rights with respect to telemental health: 1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. 2. The laws that protect the confidentiality of my health information also apply to telemental health. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. 3. I also understand that the dissemination of any personally identifiable images or information from the telemental health interaction to researchers or other entities shall not occur without my written consent. 4. I understand that there are risks and consequences from telemental health, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychologist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. 5. In addition, I understand that telemental health-based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of mental health services (e.g. face-to-face services) I will be referred to a psychologist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychology, and that despite my efforts and the efforts of my psychologist, my condition may not be improve, and in some cases may even get worse. 6. I understand that I may benefit from telemental health, but that results cannot be guaranteed or assured. 7. I understand that I have a right to access my medical information and copies of medical records in accordance with New York Law. 8. I reside in the States of New York, Connecticut, and/or Florida or a PSYPACT STATE (<https://psypact.org/mpage/psypactmap>). By typing my full name following this statement, I hereby acknowledge receipt of the Informed Consent for Telemental Health Services, notice of privacy practice, and agree to abide by the information outlined above.

Client

Date _____

Dr. Matthew G. Mandelbaum, PhD

Date _____