



Client Intake & Consent Forms

Patient Information

Full Name

Date

Date of Birth

Street Address

City

State

Zip

Contact Information

Home Phone

May we leave message:

Yes No

Cell Phone

May we leave message:

Yes No

Email Address

May we email you?

Yes No

**Email correspondence is not considered a confidential form of communication.*

Current Providers

Primary Therapist / Practitioner

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

Other Therapist / Practitioner

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

Acknowledgments (Initial Each Line)

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

I have received a digital copy of Dr. Matthew G. Mandelbaum, PhD's Notice of Privacy Practices available at <http://www.groundbreakertherapy.com/forms>.

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 include:

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
- * A second video visit
- * 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 in-person 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
- * Insurance Law § 3217-h

These laws may help you interact with your insurance company to receive 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. Right to Withdraw Consent

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. Confidentiality - 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 abuse, Reporting elder abuse, Reporting dependent adult abuse, Expressed threats of violence towards an ascertainable victim, Situations where I make my mental or emotional state an issue in a legal proceeding,

3. Disclosure of Information

I 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. Technical Risks - 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
- The electronic storage of my medical information could be accessed by unauthorized persons

5. Limitations of Telemental Health - 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 improve, and in some cases may even get worse.

6. No Guarantee of Results - I understand that I may benefit from telemental health, but that results cannot be guaranteed or assured.

7. Access to Records - I understand that I have a right to access my medical information and copies of medical records in accordance with New York Law.

8. Residency Requirement - I reside in the States of New York, Connecticut, and/or Florida or a PSYPACT STATE (<https://psypact.org/mpage/psypactmap>).

Acknowledgement

By providing my signature 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 Signature

Date Signed

Dr. Matthew G Mandelbaum, PhD

Date Signed