



Debora J. Hayden, MSW

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Telehealth/Telemental Health Services

Telemental Health refers to the providing of mental health care from a distance. Services include mental health assessment, on-going treatment, monitoring and collaboration. Appointments are scheduled the same as if you were coming to my office. Once an appointment is scheduled you will receive an e-mail reminder with the date and time as well as the link for the appointment. Prior to the initial appointment registration, consent, and insurance billing /payment forms will be e-mailed, faxed, or sent via standard mail. All forms must be completed and returned 24 hours prior to the initial appointment.

As with an office appointment our meeting will be private and free from interruptions. I request you be in a quiet, private area of your home or office so we may speak freely and not be overheard by others outside the room. If during the course of our appointment we encounter technical difficulties I will place a call to the phone number on file, allowing us to troubleshoot the problem.

A confidential record will be kept in the same manner as I keep records for in-office appointments. This information is only accessible to others if you sign a specific release form granting permission. Any release forms must be returned by standard mail so I have an original signature on file.

Billing procedures are similar to "in office" practices. If you choose to utilize your insurance benefits I will keep a copy of your insurance card on file for billing purposes. You are responsible for any deductible or co-pay/co-insurance amount. Payment of these amounts is due at the time of the appointment. For your convenience you may keep a credit card on file which will be billed at the end of the appointment. You may also send either a check or money-order prior to the appointment.

Informed Consent for Telemental Health Services

Patient Name: _____

I understand that telemental health is the use of electronic information and communication technologies by a mental health provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Debora J. Hayden, MSW, Licensed Clinical Social Worker, to provide mental health services to me via telemental health.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemental health. I also understand that my insurance carrier will have access to my medical record for quality review/audit.

I understand that I will be responsible for any fees that apply to my telemental health visit. This includes all out of pocket expenses which may include the full session fee, your deductible, or the copay/coinsurance amount.

I understand that I have the right to withhold or withdraw my consent to the use of telemental health in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Debora J. Hayden, MSW, LCSW at 314-989-9449 ex 2. As long as this consent is in force (has not been revoked) Debora J. Hayden, MSW, LCSW may provide mental health care services to me via telemental health without the need for me to sign another consent form.

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

Date: _____

If authorized signer, relationship to patient: _____