

Hello my name is XXXXXX. Before we get started today, I need to obtain a call back number from you in case we get disconnected. Thank you. Now, I need to cover a few items and obtain some information from you. First, I need to determine if you are located in a state that I can serve. Which State are you calling from? I also need to ensure you are eligible for MFLC services, would you please tell me how you are affiliated with the military?

- (For CONUS, if they are not in the state in which you are located, you must discontinue services immediately. If they are not eligible then provide an appropriate referral)

If eligible, continue:

I must also obtain some general demographic information should we disconnect or encounter a safety issue before services are rendered. I will destroy the information after our call. I appreciate the information.

- Full name of client; if a child, name of parent
- Date of birth (of the child; when working with children)
- Unit/school/CDC
- Home address
- Must know if the person lives on or off post
- Location of where the person is calling from

In response to COVID-19, I am authorized to provide telehealth services to participants in areas where face-to-face sessions are not available. Please acknowledge understanding and consent to the following:

1. Telehealth is the practice of delivering non-medical counseling services via technology assisted media or other electronic means between the MFLC and participant who are located in two different locations.
2. It is recommended that during video session, your device is connected to WIFI to avoid carrier data charges that may apply.
3. There are risks associated with telehealth services to include technological disturbances due to transmission failure, interruptions or breaches in confidentiality and limited ability to respond in emergencies.
4. All privacy laws will apply during telehealth sessions and communications will not be recorded by either party.
5. **LOC statement** - Information exchanged during the sessions will be confidential and not disclosed to unauthorized personnel except when there is a requirement for a duty to warn or mandated reporting as explained in the limits of confidentiality. The exceptions to confidentiality include meeting legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD

or military regulations. Harm to self or others include suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity.”

Air Force only – For the personnel Reliability Program (PRP) certified members, reporting any concerns related to reliability is also required.

Do you understand what I have read to you today?

Do any of those things I just mentioned apply to you or your situation today?

6. Individual video non-medical counseling sessions for minors age 13 to 17 must have a parent/guardian available at the start of each video session to give parental consent and maintain line of sight for the duration of the session.

7. Family video non-medical counseling sessions are offered for minors 6 to 12 years of age and a parent/guardian must attend each session.

8. If technical difficulties occur during video sessions resulting in service interruptions, please restart to reconnect to the session. If we are unable to reconnect within ten minutes, please call me at _____ to continue telephonically or to discuss re-scheduling.

9. You have the right to withdraw consent at any time and referrals can be provided to services such as the Behavioral Health, Chaplin’s office and Military OneSource who may provide face-to-face service. Do you understand and consent to the use of telehealth services?

Do you have any concerns about the confidentiality of my environment? If they do, then you can show them your space. As a reminder, I will destroy the demographic information you provided after our call.