



**NICE Community Schools Child and Adolescent Health Clinic
Mental Health Services (NICE CAHC)
Client Service Agreement for Virtual Health Services**

In order to begin virtual services, it is important that you read this agreement carefully. It tells you what you can expect and gives you general information about telehealth and web-based services. Be sure to sign and return the checklist and brief intake form. Once we receive your signed documents, your appointment will be scheduled at a time that is convenient for you. Remember to indicate the phone number we can use to contact you.

Confidentiality Statement

All communication with the NICE CAHC, including telephone, email, messaging, text, and webcam platforms are considered private and confidential. Any and all communication is considered Protected Health Information (PHI). No identifying information will be given to anyone without your written consent. The law provides a few exceptions about confidentiality. We are required to report any instance of authentic threat of death to self or others, or harm to an identified child or other vulnerable person, under the mandatory reporting clause. If we feel a need to report, we will discuss this with you directly and let you know that we have communicated a reportable action.

For more information about your rights under HIPPA, please click on the following link:
https://www.co.marquette.mi.us/hipaa/Notice_of_Privacy_Practices.pdf

Electronic Based Services Statement

We will take every measure to keep your Protected Health Information (PHI) private. Information will never be forwarded to a third party without your written request and agreement. The use of technology to assist in counseling makes it possible for clients to access expert care anytime, anywhere. However, clients must be aware of the risks. Please take steps to safeguard the information on your device; understand that it may be breached by a family member, and protect your privacy during therapist-client interactions. Communications can be intercepted, circulated, and forwarded if you do not safeguard your information. Be sure not to send your PHI to unintended recipients. By signing your consent for services, you agree to NOT hold the NICE CAHC and its employees against losses and damages arising from technical failure.

How does it all work?

Prior to beginning your services, a member of the NICE CAHC staff will discuss how the office and virtual clinic operates to see which services would suit your clinical needs. You will have to have a parent consent on file and be established with the counselor. You will have to complete this paperwork at the NICE CAHC prior to your first virtual visit.


Main Office
184 U.S. 41 East
Negaunee, MI 49866
(906) 475-9977
www.mqthealth.org


Community Health
Ph:(906)475-7844
Fax:(906)475-4435


Community Outreach
Ph:(906)315-2610
Fax:(906)475-9312


Environmental
Health
Ph:(906)475-4195
Fax:(906)475-6500


GTC
Gwinn Teen Clinic
50 West M-35
Gwinn, MI 49841
Ph:(906)372-4002
Fax:(906)372-4012


Hematite Health Clinic
319 E Division
Ishpeming, MI 49849
Ph:(906)204-2620
Fax:(906)204-2660



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Telehealth

Sessions are conducted via telephone in real time. You must set up an appointment time. At your scheduled time the clinician will call the number you provided and your session starts. If you are not available during your pre-scheduled time, your clinician will continue to try to reach you for 15 minutes.

Web Based Behavioral Health Online Sessions via Video

- **Technology required:** Internet Connection and Web Cam

Some clients will prefer to meet “face-to-face” via video in real time. Video/Web Cam sessions are by appointment only. Sessions will be scheduled for 60 minutes. In order to provide the most secure clinical services, sessions through an encrypted, user-friendly platform called [Doxy.me](https://doxy.me). This platform is HIPPA-compliant, and has protections in place to make sure your session stays private.

Emergencies

The NICE CAHC cannot respond to a health or mental health emergency. You will need to call 911 or go to your nearest Emergency Department. The NICE CAHC does **NOT provide a Crisis Line.**



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Consent for services and acknowledgement of receipt of client agreement

Please return this checklist form by mail or email ASAP

Please initial each statement:

I consent to services from the NICE CAHC. _____

I have read the Confidentiality Statement and have completed the clinic consent form. _____

I have read the Electronic Based Service Statement. _____

Client Signature and Date:

Parent Signature and Date:
