Informed Consent for TeleMental Health Services

The following information is provided to clients who are seeking Telehealth psychotherapy. This document covers your rights, risks and benefits associated with receiving services, my policies, and your authorization. Please read this document carefully, note any questions youwould like to discuss, and sign.

Telehealth means the remote delivering of health care services via technology-assisted media. This involves the use of electronic communications to enable _____ to connect with individuals using interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

I understand that I have the following rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed to me during the course of my sessions is generally confidential. However, there are both mandatoryand permissive exceptions to confidentiality including, but not limited to, reportingchild, elder, dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use oftelehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist,that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. _____ utilizes secure, encrypted audio/video transmission software to deliver telehealth.
4. I understand that if my therapist believes I would be better served by another form of intervention (e.g., face-to-face services), I will be referred to a mental health professional associated with any form of psychotherapy, and that despite my effortsand the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

Initials: _____

1. I understand the alternatives to counseling through telehealth as they have beenexplained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my therapist, I may be directed to “face-to-face” psychotherapy.
2. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in mycare, but that no results can be guaranteed or assured.
3. I understand that my expressed consent is required to forward my personallyidentifiable information to a third party.
4. I understand that I have a right to access my medical information and copies of mymedical records in accordance with the laws pertaining to the state in which I reside.
5. By signing this document, I agree that certain situations, including emergencies andcrises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seekhelp from a hospital or crisis-oriented health care facility in my immediate area.

I,_____, voluntarily agree to receive Telehealth psychotherapy and authorize _____ to provide such care, treatment, or services as are considerednecessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services. By signing this Informed Consent, I, _____ acknowledge that I have both read and understand the terms and information contained herein. I have discussed it with my psychotherapist, and all my questions have been answered to my satisfaction.

_____ _____

Signature of Client Date