

TeleMental Health Informed Consent

I (Print Client's Name:) _____ hereby consent to participate in telemental health sessions with Margaret (Peggy) and/or Thomas McBrayer (circle provider name) as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a clinician and a client who are located in two different locations.

I understand and agree to the following with respect to all telemental health services provided by Margaret (Peggy) and/or Thomas McBrayer (circle provider name):

- 1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability by your therapist to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; or if I raise mental/emotional health as an issue in a legal proceeding).
- 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- 6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect, your therapist will call or text you with further instructions. If the connection is unsatisfactory, I understand that either my therapist or I can choose to end the session at any time. If this occurs, the session will be rescheduled.
- 7) I agree to provide an emergency contact name and number to my therapist in case of an emergency. I also understand that during the session, my therapist may need to call my contact person and/or appropriate authorities in case of an emergency.
- 8) At the beginning of a session, if I am not at the location I list below, I will advise my therapist of my current location.

Emergency Protocols:

Your therapist needs to know your location in case of an emergency. I agree to inform my therapist of the address where I am at the beginning of each session if I am not at the location listed below. I

also will provide a contact person whom my therapist may contact on my behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

My usual location is: _____

My emergency contact person's name, address, and phone number(s) are:

I have read the information provided above and agree to comply with these procedures. I agree to address any questions or concerns to my therapist regarding this document.

Signature: _____

Date: _____

Signature of Therapist: _____

Date _____