



Telehealth Informed Consent

I _____ hereby consent to engage in telehealth (e.g., internet or telephone based therapy) with _____, as a venue for my psychotherapy treatment. I understand that telehealth includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telehealth may also involve the communication of my medical/mental health information, both orally and visually, to other health care practitioners.

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

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- (2) The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. (See also Psychotherapy Informed Consent and HIPAA Notice of Privacy Practices forms, provided to me, for more details of confidentiality and other issues.)
- (3) I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction shall not occur without my written consent.

I understand that there are risks and consequences from telehealth. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons and/or misunderstandings can more easily occur.

In addition, I understand that telehealth-based services and care may not yield the same results nor be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), my therapy will return to exclusively that form of psychotherapeutic service with my current provider, or I will be referred to a psychotherapist in my area who can provide such service.

Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not improve and in some cases may even get worse.



I understand that I may benefit from telehealth, but results cannot be guaranteed or assured. The benefits of telehealth may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

I understand that if I am choosing to utilize my health insurance to cover the cost of these services, it is my responsibility to contact my health insurance company and to verify my benefits. I also understand telehealth services may not be covered, and in the case that they are not, I understand that I will be fully financially responsible for paying for these services, including any previous services that were denied by my health insurance company.

Emergency Plan

Because of the nature of telehealth, it is important we have an established and agreed upon safety plan in case of an emergency (e.g., I am feeling unable to keep myself or others safe). I understand that in the event my psychotherapist deems it necessary and appropriate to take steps to actively help ensure my safety, I will be directed to the nearest crisis response center or emergency room. If I, or my psychotherapist, do not believe I will safely and reasonably be able to transport myself there, I understand and give consent for my emergency contact to be notified immediately.

Name

Phone number

I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Signature: _____ Date: _____