Informed Consent for Tele-mental Health Services

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to participate in tele-mental health services as part of my counseling/psychotherapy.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to allow my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate in tele-mental health services as part of their individual or family therapy.

Tele-mental health is the practice of delivering clinical mental health services using HIPAA-compliant technology assisted audio and/or video conferencing between a practitioner and a client who are in two different locations.

Tele-mental health regulations and contracts are variable and changes may affect the availability of Tele-health services in the future. We will do our best to keep you informed of any changes.

Tele-mental health services have their benefits and limitations compared to face to face (in office) services. At any point in therapy, my practitioner and I may discuss if tele-mental health sessions are meeting my needs or if I should receive a different type of care. I understand that I have the right to withdraw my consent to receive tele-mental health services for myself or my children at any time. I understand that not all clinicians are available for face-to-face sessions and I may need to terminate with my current clinician.

I am aware that the following issues sometimes arise with respect to tele-mental health:

1) There is the risk of disruption of the session due to technology failures. Should a session be disrupted and not able to be reset, then it may be completed by telephone contact. My therapist can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2) My practitioner's ability to respond to emergencies is more limited due to the distance involved. I will inform my practitioner about my location at the start of each tele-mental health session.

3) There will be no recording of on-line sessions by either party.

4) The same confidentiality protections, limits to confidentiality, and rules around my records apply to teletherapy as they would to an in-person session.

5) I will take responsibility to find a private space where I can speak comfortably for my Telehealth session.

6) Counseling sessions can sometimes be upsetting in ways that may not be anticipated by the therapist. I will talk with the therapist about my availability during my child’s session so that we can have a plan for supporting my child should they need my support following the counseling session.

I have read the information presented above. I have discussed any questions with my practitioner and my questions have been answered to my satisfaction.

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Signature of client/parent/guardian Date Signature of Practitioner