Informed Consent for Telemental Health Services

The following information is provided to clients who are seeking TeleMental health therapy. 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 you would like to discuss, and sign.

I. **TeleMental Health Defined:** TeleMental health means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a telephone, video, internet, smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two way encryption to be considered secure.

II. **Limitations of TeleMental Health Therapy Services:** While TeleMental health offers several advantages such as convenience and flexibility, it is an alternative form of therapy and may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, I will take every precaution to ensure a technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private location where the sessions may be conducted. Consider using a "do not disturb" sign/note on the door. The virtual sessions must be conducted on a wifi connection for the best connection and to minimize disruption.

III. **In Case of Technology Failure:** I understand that during a TeleMental health session we could encounter a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please call the therapist back at: 910-493-3567. We may also reschedule if there are problems with connectivity.

IV. **Structure and Cost of Sessions:** If appropriate, you may engage in either face-to-face sessions, TeleMental health, or both. We will discuss what is best for you. Please remember that your insurance company may or may not cover therapy via phone or video. Please contact your insurance provider to verify coverage via TeleMental health. The cost of TeleMental health is $80 per session. Before beginning TeleMental health, all clients must come in for an initial in-person assessment. During this assessment, you will be evaluated for suicidal

V. **Cancellation Policy:** In the event that you are unable to keep a TeleMental health appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be charged a $35 no-show fee at the time of your next appointment.

VI. **Consent Statement:** As the client, I accept full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my login information, and will not allow another person to use my login information to access the services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation. I understand that there will be no recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law. I also agree to list two emergency contacts and consent to my information being shared with them in the event of an emergency situation.

Name of Emergency Contact 1: _____

Relationship: _____ Phone Number:_____

Name of Emergency Contact 2: _____

Relationship: _____ Phone Number:_____

By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Signature: _____

Parent/Guardian Signature (if necessary): _____

Date: _____

Therapist Signature: _____ Date: _____