**Informed Consent for Telehealth Services**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may provide therapy by Telehealth. Telehealth is the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive real time synchronous audio and video technology where the patient is at an originating site and the healthcare provider is at a distant site. Telehealth is beneficial to some clients because it allows them to participate in therapy from their own home or the location of their choosing, which provides greater flexibility and a decrease in travel time.

There are risks and consequences related to Telehealth that you should consider before agreeing to therapy via Telehealth.  Despite reasonable efforts on the part of your psychotherapist, there is always the possibility that the transmission of personal information could be disrupted or distorted by technical failures. The transmission of personal information could be interrupted by unauthorized persons. The electronic storage of personal information could be unintentionally lost or accessed by unauthorized persons. When conducting psychotherapy via Telehealth, the ability of both the psychotherapist and the patient to assess non-verbal cues, body language and facial expressions may be limited.  Telehealth may not be the most effective form of treatment for certain individuals or presenting problems.

If, after consultation with your psychotherapist, Telehealth is deemed appropriate for you, you have the following rights with respect to Telehealth:

1. The laws that protect the confidentiality of your personal information also apply to Telehealth. The information disclosed by you during the course of your sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, mandatory reporting of child, elder, and dependent adult abuse and when a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself.
2. Personally identifiable images or other information from the Telehealth interaction will not be disseminated to other entities without your written consent. In addition, all existing laws regarding patient access to medical information and copies of medical records apply.
3. You have the right to withhold or withdraw consent to the use of Telehealth in the course of your care at any time, without affecting your right to future care or treatment.
4. If your therapist believes you would be better served by another form of intervention (e.g., face-to-face services), you may be directed to attend in person sessions or be referred to another mental health professional.  Moreover, despite your efforts and the efforts of your therapist, your condition may not improve, and in some cases may even get worse. No results can be guaranteed or assured.
5. Certain situations, including emergencies and crises, are inappropriate for audio-video-computer-based therapy services. If you are in crisis or in an emergency, you should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in your immediate area.

**Patient Consent to the Use of Telehealth**:

I have read and understand the information provided above regarding Telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of Telehealth services and have had my questions regarding the procedure explained. By executing this document, I hereby give my informed consent to participate in the use of Telehealth services for treatment under the terms described herein.

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**