

Telemental Health Informed Consent

By engaging this provider in any communication, inquiry, counseling or consulting, paid or unpaid, I'm giving my consent and hereby understand that:

1. I am engaging in Telemental Health (professional services over the internet) with this provider for psychological, medication management, counseling &/or community-based services.
2. There are risks and consequences from telemental health, including, but not limited to, the possibility, despite reasonable efforts on the part of my provider, that: the transmission of my medical information could be disrupted or distorted by technical failure; and/or the transmission of my medical information could be interrupted by unauthorized persons.
3. Telemental Health-based services may not be the same as in-person services and that sometimes there may be a small delay or distortion of the video due to internet connectivity and bandwidth availability
4. Due to the electronic nature of telemental health and the distance between the provider and myself, my provider will not be physically present in an emergency to assist me.
5. Due to the distant nature of these services, emergency assistance by the provider may not be available in a crisis. Local emergency services may be called to assist me in a crisis if warranted and available. If I am unable to reach my provider in an emergency, I should call 911 or go to an emergency room.
6. I will provide the contact information of an emergency contact person who is able and willing to go to my location in the event of an emergency, and/or if the provider deems it necessary.
7. I may benefit from Telemental Health, however, just like in-person services, the results cannot be guaranteed or assured.
8. If at any time during my session the video or audio link is disconnected during our visit, I am to try the same link or number. I understand that I am to provide a phone number to the provider of a phone I can answer if there is a disconnection and I am not able to re-establish the video call.
9. I am not permitted to record the session without the prior written permission of the provider.
10. I am responsible for ensuring that I have a confidential place to speak with the provider for my telemental health visit.
11. I am to notify the provider if anyone else is present or can overhear the telemental health visit.
12. I am responsible for securing the login information (username and password) to prevent a breach of my privacy.
13. I have the right to withdraw my consent at any time and cease Telemental Health services.

I have read and understand the information provided above and all of my questions have been answered.

Patient Signature

Date

Parent/Legal Guardian Signature

Date