

INFORMED CONSENT FOR TELEHEALTH

Agreement and Informed Consent for Telehealth Services

If you have been invited to participate in TeleMentalHealth, please be advised that I use a secure, HIPAA-compliant video conference software program in order to protect your confidentiality.

There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

Be informed that even secure transmission of information online is potentially vulnerable to interception by unauthorized parties.

Please be aware that it is your responsibility to take steps to preserve your privacy by using a non shared computer for teletherapy sessions, using a strong password for your account, and connecting via a secure network. If you have concerns about the confidentiality of teletherapy participation, please discuss them with me.

Confidentiality still applies for telehealth services, and neither party will record the session without permission from the others person(s).

We agree to use the video-conferencing platform selected for our virtual sessions, and the provider will explain how to use it.

You need to use a webcam or smartphone during the session. We must be able to see and hear one another.

It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

It is important to use a secure internet connection rather than public/free Wi-Fi whenever possible.

It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the provider at least 24-hours in advance by phone.

We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

We will discuss a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

You should confirm with your insurance company that the video sessions will be reimbursed. You are responsible for full payment at the time of services.

I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person as soon as that is available.

By signing below I acknowledge the following:

I have read and agree to the above [Agreement and Informed Consent for Telehealth Services](#)

I consent to use secure video conference software for teletherapy sessions. I am aware of the risks of using even secure means of video communication to transmit my protected health information.

I also consent for my emergency contact or the local crisis line to be contacted if my provider feels that I am in a real or potential crisis that could affect the health or safety of myself or others.

I understand that this "Informed Consent for Telehealth" is in addition to the "Informed Consent for Services" which I have already reviewed and signed in the office.

Patient Name:

Signature of Patient/Patient's Legal Representative:

Date: