

Informed Consent for Telementalhealth Therapy

Client Name:

Date of Birth:

1. I understand my psychotherapy provider wishes me to engage in a telementalhealth session.
2. My psychologist has explained to me how the video conferencing technology will be used to affect such a session and will not be the same as a direct face to face in person session due to the fact that I will not be in the same room as my psychologist.
3. I understand that there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my psychologist or I can discontinue the telementalhealth session if it is felt that video conferencing connections are not adequate for the situation.
4. I understand that my health information may be shared with my insurance provider for the purpose of filing claims and documenting telementalhealth sessions meeting insurance providers criteria.
5. I understand that alternatives to telementalhealth sessions are face to face in person sessions or telephonic sessions.
6. I understand that in an emergent situation the responsibility of the psychologist is to ensure that I or s/he/they will follow all mandated requirements and that her/his/their responsibility will conclude upon termination of the video conference connection.
7. I understand that billing will occur from my psychologist's office.
8. I have had direct conversation with my psychologist during which I had the opportunity to ask questions in regard to telementalhealth sessions. My questions, been answered and the risks and benefits and any practical alternatives have been discussed with me in a language that I understand.

My signing this form I certify: I have read or had this form read and/ or had this form explained to me. That I fully understand its contents including the risks and benefits of telementalhealth. That I fully understand its contents including the risks and benefits of telementalhealth. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Signature _____

Date _____ Time _____