



Telemental Health Informed Consent



Adult Form

I understand that telemental health is delivering clinical health care services via technology assisted or electronic means between a therapist and a client in two locations.

Please review the following statements concerning telemental health:

- I understand that I can withdraw consent anytime without affecting my right to future care, services, or program benefits.
- I understand that risks, benefits, and consequences are associated with telemental health, including but not limited to transmission disruption by technology failures, interruption, and breaches of confidentiality by unauthorized persons.
- I understand that there will be no recording of any telehealth sessions. All information disclosed in sessions and written records are confidential and may not be disclosed except where the disclosure is permitted and required by law.
- I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to privacy applies (i.e., mandatory reporting of child, elder, or vulnerable adult abuse, danger to self or others).
- I understand that if I am having suicidal or homicidal thoughts, experiencing psychotic symptoms, or having a mental health crisis that cannot be resolved remotely, recommendations will be made to a higher level of care.
- I understand that during a telemental health session if there are technical difficulties, the therapist will call me at: _____.
- I agree that if my therapist cannot reach me and I am in a crisis, my therapist will contact the designated emergency contact.
- I agree that my therapist may contact 911 on my behalf in a life-threatening emergency involving me.

My therapist has read and reviewed the above information with me.

I _____ (client's name) understand the information contained in this form and understand the actions my therapist may take in case I am in a crisis.

Signature of Client: _____ Date: _____

Name (First & Last): _____ DOB: _____

In case of an emergency, my address is:

1. Name of Emergency Contact: _____ Relation: _____

Phone#: _____ Addressee: _____

2. Name of Emergency Contact: _____ Relation: _____

Phone#: _____ Addressee: _____