

TELEHEALTH INFORMED CONSENT
J. ERIN EDMONDSON, LPC, LADCmh

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Telemental health is the practice of delivering clinical health care services via technology like vide or other electronic means between a practitioner and a client who are located in two different areas. It is meant to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telemental health provides a client the opportunity to utilize therapeutic services in a potentially more beneficial and convenient way based on schedule, location or personal circumstances. My office utilizes HIPAA compliant Google Suite for all electronic activity (in this case email and video services) and Zoom as a backup. Zoom has now incorporated many levels of protection but is not specifically considered HIPAA compliant.

By signing this form, I understand and agree to the following:

- I have a right to confidentiality with regard to my treatment and related communications via telehealth under the same laws that protect the confidentiality of my treatment information during in-person therapy. The same mandatory and permissive exceptions to confidentiality outlined in the Informed Consent and Client Rights I received from my therapist also apply to my Telehealth services.
- I understand that there are risks associated with participating in telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that my therapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.
- I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
- I understand there are risks, benefits and consequences of using this modality for treatment including but not limited to, disruption of transmission by technology failures, and/or limited ability to respond to emergencies.
 - Should we could encounter technical difficulties resulting in service interruptions during session, I understand that I should **end and restart the session. If we are unable to reconnect within ten minutes, please text me at 405-315-7093 to discuss next steps or options for rescheduling.**
- I understand that miscommunication between myself and my therapist may occur via telehealth and it is important to ask questions and clarify any areas of confusion.
- I understand that it is my responsibility to let me therapist know if I am in a location other than my normal/typical place of receiving services.
- I understand that in some instances telehealth may not be as effective or provide the same results as in-person therapy. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and refer me to in-person services as needed. If such services are not possible because of distance or hardship, I will be referred to other therapists who can provide such services.
- I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- I understand that participating in therapy is never a guarantee of results whether it is in person or through video services.
- I understand that some telehealth platforms allow for video or audio recordings and that neither I nor my therapist may record the sessions without the other party's written permission.
- I understand it is my responsibility to confirm coverage of teletherapy services with my insurance company (if applicable) and that I am responsible for any unpaid or uncovered portion.
- I understand that my therapist will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my therapist may not be able to assist me in an emergency situation. If I require emergency care, I understand that I should call 911 or proceed to the nearest hospital emergency room for immediate assistance.
- I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Please initial: _____

CONFIDENTIAL

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As a client in seeking treatment, I agree:

- To participate in sessions only from a private and quiet setting that feels comfortable and safe.
- Never to drive while in session.
- Never to come to session under the influence of drugs or alcohol.
- Never to record sessions without written approval and agreement.
- To confirm coverage and payment responsibility for therapy services prior to starting services.

I have read and understand the information provided above, have discussed it with my therapist, and understand that I have the right to have all my questions regarding this information answered to my satisfaction.

Patient's Signature

Date

Patient's Printed

EMERGENCY CONTACT:

I need to know your location in case of an emergency. You agree to inform me of any change in location at the beginning of each session. The person listed below should be contacted on my behalf should a life-threatening emergency occur. In the case of an emergency, I will reach out to your emergency contact with your location and instructions to take you to the hospital. In the vent your emergency contact is unreachable, I will call 911.

In case of an emergency, my location is: _____

Emergency contact name, address, phone: _____

Verbal Consent Obtained: Therapist reviewed Telehealth Consent Form with Patient, Patient understands and agrees to the above advisements, and Patient has verbally consented to receiving psychotherapy services from Therapist via Telehealth. Client further understands the need for and has provided emergency contact information.

Therapist's Signature

Date