

Telemental Health Informed Consent Form

This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services.

I, _____ (client, parent/guardian) authorize Focus C3, PC and its practitioners to provide _____ (client) telemental health services by a provider from Focus C3, PC as part of my psychotherapy. I understand that “telemental health” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of mental health data, and education using interactive audio, video, or data communications. I also understand and have been informed of pertinent issues related to the confidentiality of my treatment through this means of service.

It is my understanding that the current mode of telemental health communication meets current HIPAA telemedicine security guidelines and that Focus C3 follows strict adherence to ethical guidelines pertaining to client confidentiality and technologically-assisted professional services as set forth by the American Counseling Association.

I understand that I have the following rights with respect to telemental health:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my medical and mental health information also apply to telemental health.
- (3) I have access to all medical information resulting from the telemental health consultation as provided by law for my access to my medical records.
- (4) The dissemination of any of my identifiable images or information from the telemental health to researchers or other entities shall not occur without my consent.

As such, I understand that the information disclosed by me during the course of my therapy is generally confidential.

However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards self and/or an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

All existing laws regarding client access to mental health information and copies of mental health records apply.

No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store videoconference sessions or face-to-face sessions.

Expectations of client during each session

1. Operational web camera.
2. Proper lighting and seating to ensure a clear image of each party's face.
3. Dress and environment appropriate to an in-office visit.
4. Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session.
5. Valid ID must be presented by the client during the initial consultation. In addition, a copy must be provided by the client for the medical file.
6. The client must disclose the physical address of their location at the start of the session. Unknown locations will be cause for termination of the session.
7. Secured internet services. Public internet is not allowed.
8. The client shall also provide a phone number where they can be reached in the event of service disruption.

In case of emergency my location is: _____.

It is understood that Telemental health may not be the most effective form of treatment for certain individuals or presenting problems. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, the provider reserves the right to make that determination and take appropriate actions as needed.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

By signing this form, I acknowledge that I have read and that I understand this consent

Please Print Client's Name: _____

Client's Signature

Date

If Client is under 19 years of age the Parent/Legal Guardian must complete the information below.

Parent/Legal Guardian's Signature

Date

Relationship to Client

Staff/Provider's Signature

Date