



Telehealth Treatment Consent

Information and Informed Consent for Telemental Health Treatment

Telemental health is live, two-way audio and video electronic communications that allows therapists and clients to meet outside of a physical office setting.

Client Understanding

I understand that telemental health services are completely voluntary and that I can withdraw this consent at any time.

I understand that Teletherapy sessions may have certain limitations compared to face-to-face sessions. Teletherapy is NOT a substitute for medication or medical care by Client's Psychiatrist or Medical Doctor. I understand that Teletherapy may not be covered by insurance.

I understand that my therapist can only provide services, including Teletherapy, to clients who reside and are physically located in the state where Therapist is licensed (WA state). Therefore, I agree to be in the state of WA at the time of my telehealth session. If I am not able to be in WA state at the time of my session, I understand my session will be cancelled and any late cancellations will be subject to a late cancel fee.

Teletherapy may not be productive in the event of a crisis or if Client is experiencing suicidal or homicidal ideation. If a life-threatening crisis should occur, I agree to contact a crisis hotline, call 911, or go to nearest emergency room.

I agree to begin each session by informing my therapist of my current location, in the case my therapist needs to provide emergency services.

For couples therapy, family therapy, or collateral sessions, all participating members of the couple/family agree to be present together in the same physical location, using the same video conferencing window with the therapist. I understand that my therapist will NOT offer multiple video conferencing windows for couples/family members to use in different locations.

I understand that none of the telemental health sessions will be recorded or photographed without my prior knowledge and written consent.

I agree NOT to make audio or video recordings of any portion of the sessions.

I understand that the laws that protect privacy and the confidentiality of client information also apply to telemental health, and that no information obtained in the use of telemental health that identifies me will be disclosed to other entities without my consent.

I understand that telemental health is performed *over* a secure communication system that is almost impossible for anyone else to access. I understand that any internet based communication is not 100 % guaranteed to be secure.



I agree that the therapist and practice will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

I understand that I or my therapist may discontinue the telemental sessions at any time if it is felt that the video technology is not adequate for the situation. In addition, my therapist may offer me to switch to a phone session, if and when video technology is not adequate.

I understand that if there is an emergency during a telemental health session, then my therapist may call emergency services and/or my emergency contact.

I understand that this form is signed in addition to the Notice of Privacy Practices and Consent to Treatment and that all office policies and procedures apply to telemental health services.

I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my therapist, or I will make additional plans with my therapist ahead of time for re-contact.

I understand a "no show" or late fee will be charged if I miss an appointment or do not cancel within 48 hours of scheduled appointment. I understand credit card or other form of payment will be established before the first session.

I understand it is my responsibility to arrive on time for my telehealth appointments. If I cannot arrive on time, I understand my therapist will wait a maximum of 15 minutes past my scheduled session time. If I do not arrive to my appointment within 15 minutes of the start time, I understand my therapist will end the session and I will be charged a no-show/late cancel fee.

I understand my therapist will advise me about what telemental health platform to use and will establish a video conference session.

Client Consent

Client Name: _____

I hereby give my informed consent for the use of telemental health in my care. Client Initials: ____

Date of Birth: _____

Email: _____

Phone Number: _____

Client Signature: _____

Parent/Guardia/Representative Signature: _____

Date: _____