

Telehealth Consent Form

I _____, hereby consent to participate in telemental health with Gretchen Forbes, LLC as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. When working with Gretchen Forbes, telemental health is used in conjunction with in person counseling or at times when in-person counseling is unadvised. Gretchen Forbes will in most cases use the Doxy.com telehealth platform. You will use a link to enter a “waiting room” and your counseling session will commence at the prearranged time.

I understand the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, or services to which I would otherwise be entitled.
- 2) I understand that there are risks and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, a client using their device within public view, and limited ability to respond to emergencies. Online counseling requires both the client and the counselor to mutually ensure that all reasonable precautions are taken to prevent accidental breaches of confidentiality.
- 3) There are also benefits to telemental health including receiving services when one is unable to meet at the provider’s office and receiving services at times or in places when services might not otherwise be available.
- 4) I understand state laws regarding telemental health counseling vary and it is the client’s duty to inform the counselor if they travel out of the state provided at intake.
- 5) I understand that, for my telemental health session, I am responsible for (a) providing the necessary computer, telecommunications equipment, and internet access, (b) the security on my own computer, (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions during my sessions (Turn off browsers, silence cell phones, refrain from social media and computer usage during the session.), (d) identifying a location and wearing attire that reflects the professional nature of the session, (e) drugs and alcohol are prohibited prior to and during telehealth sessions.
- 6) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within session and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 7) 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 confidentiality applies (i.e. mandatory reporting of child, elder or vulnerable adult abuse, danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- 8) I understand that while telemental health counseling can be helpful for many, some people do struggle because it does limit the ability for both the counselor and the client to read each other’s body language and nonverbal communication. Clients may also need different levels of care at different times during their treatment. At any time if the counselor believes that telemental

health treatment is not meeting the needs of the client, they may terminate online treatment. The client(s) may decide that this modality of treatment is not meeting their needs. If this occurs the client(s) and therapist will discuss a treatment plan and options in order to preserve a continuation of care and that the client's needs are being addressed.

- 9) 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.
- 10) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the online session. If we are unable to reconnect within ten minutes, please call me at 443-4650545 to discuss alternatives.
- 11) I understand that my therapist may need to contact my emergency contact and/ or appropriate authorities in case of an emergency.

Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or to take you to the hospital in the event of an emergency.

In case of an emergency, my location is: _____.

and my emergency contact person's name, address, phone: _____

_____.

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

_____ Signature of client
Date

_____ Signature of client
Date

_____ Signature of therapist
Date