

Telemental Health Informed Consent

I, _____, hereby consent to participate in telemental health with, Diane Carolan-Stegman, ACSW, LCSW, 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.

I understand the following with respect to telemental health:

1. I understand I have the right to withdraw consent at any time without affecting my right to future care and services.
2. I understand there are risks, benefits, and consequences associated with telemental health including possibility of disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand there will be no recording of any of the online sessions by either party. All information disclosed within sessions 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.
4. I understand the privacy laws which protect the confidentiality of my personal 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).
5. I will provide emergency contact information should an emergency occur during the session. This person will only be contacted to go to your location or transport you to the hospital. My emergency contact name and phone number: _____

I have read and understand the Telemental Health Informed Consent and have discussed this with my therapist.

Signature of Client

Date