

Telemental Health Informed Consent

I _____, (name of client) hereby consent to participate in telemental health (TMH) with Four Corners Counseling, as part of my psychotherapy. I understand that this document is an addendum to Four Corners Counseling's standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to TMH treatment. I understand that TMH 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. You may only engage in sessions when you are physically in Colorado, which will be confirmed in each session.

With respect to TMH, I understand that:

- 1) I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) while in person counseling is preferable, there are circumstances in which TMH may be necessary and appropriate, and therefore offered per therapist recommendation. Therapist may also later determine to withdraw the option of TMH.
- 3) there are risks and consequences associated with TMH, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 4) there will be no recording of any of the on-line sessions by either party, without prior written consent. 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.
- 5) the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to TMH 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). In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.
- 6) it is encouraged to engage in sessions from a private location where the session can not be overheard or interrupted, that I use a personal device on a secure network rather than one that is publicly accessible/connected.
- 7) 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 TMH services are not appropriate and a higher level of care is required.
- 8) during a TMH session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within five minutes, please call me at _____ to discuss since we may have to re-schedule.
- 9) my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Protocol

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 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: _____

Acknowledgment

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/parent/legal guardian

Date