

Informed Consent for Telemental Health Therapy



Name: _____ Birthdate: _____

- I understand that my mental health therapist, Shawna N. Munson, LIMHP, is providing telemental health services using Doxy.me or another HIPAA compliant videoconferencing services.
- My therapist has explained to me how videoconferencing technology may affect such a consultation and will not be the same as a direct patient/therapist visit due to the fact that I will not be in the same room as my therapist, for example, important nonverbal cues may be missed.
- I understand there are potential risks to videoconferencing technology, including interruptions, unauthorized access, and technical difficulties.
- I understand that my therapist or I can discontinue the telemental health session if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand the alternatives to a telemental health therapy explained to me and am choosing to participate in a telemental health therapy session.
- In an emergency, I understand that the responsibility of the telemental health consulting therapist may be to advise my emergency contact or local emergency services, and that the therapist's responsibility will conclude upon the termination of the videoconference connection.
- I have had a direct conversation with my therapist, during which I had the opportunity to ask questions about this procedure. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.
- The therapist prohibits any copies or recordings of their telemental health therapy sessions. Clients must have written permission of the therapist before recording any portion of any session.
- The client is responsible for securing their own computer equipment, Internet access, email, and passwords. Without proper security, the client should be aware that they are risking unauthorized monitoring of transmissions and/or records of telemental health sessions.
- Clients accessing telemental health services should consider their location. The client will hold their session in a private location where it cannot be seen or heard by others.
- Although there are laws to protect confidentiality of mental health information, there are mandatory and permissive exceptions to confidentiality, including but not limited to reporting child, elder, and dependent adult abuse and expressed threats of violence or harm to oneself or others.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Name (print)

Signature

Date

Legal Guardian, if patient is under 19

Signature

Date

Emergency Contact

Telephone Number