

TeleHealth Informed Consent

I _____ (name of client) hereby consent to participate in telemental health with _____ (name of provider) 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.

- 1) I understand that 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) I understand that there are risk 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, and/or limited ability to respond to emergencies.
- 3) I understand that 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 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).
- 5) 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.
- 6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart session. If we are unable to reconnect

Brighton	Canton	Clarkston	Southfield	St. Clair Shores	Taylor
7600 Grand River Ave., Suite 290	5958 N. Canton Center Rd., Suite 900	7300 Dixie Highway, Suite 1000	29201 Telegraph Rd., Suite 550	24715 Little Mack, Suite 200	20500 Eureka Rd., Suite 200
Brighton, MI 48114	Canton, MI 48187	Clarkston, MI 48346	Southfield, MI 48034	St. Clair Shores, MI 48080	Taylor, MI 48180
office 810-220-2787	office 734-737-1200	office 248-922-2300	office 248-213-0501	office 586-777-9000	office 734-285-8282
fax 810-220-2834	fax 734-737-1205	fax 248-922-2304	fax 248-213-0521	fax 586-777-0823	fax 734-281-0402

within ten minutes, please call me at _____ to discuss since we may have to re-schedule.

- 7) 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 life-threatening emergency only. This person will 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: _____

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

Signature of Therapist

Date

Brighton	Canton	Clarkston	Southfield	St. Clair Shores	Taylor
7600 Grand River Ave., Suite 290 Brighton, MI 48114 office 810-220-2787 fax 810-220-2834	5958 N. Canton Center Rd., Suite 900 Canton, MI 48187 office 734-737-1200 fax 734-737-1205	7300 Dixie Highway, Suite 1000 Clarkston, MI 48346 office 248-922-2300 fax 248-922-2304	29201 Telegraph Rd., Suite 550 Southfield, MI 48034 office 248-213-0501 fax 248-213-0521	24715 Little Mack, Suite 200 St. Clair Shores, MI 48080 office 586-777-9000 fax 586-777-0823	20500 Eureka Rd., Suite 200 Taylor, MI 48180 office 734-285-8282 fax 734-281-0402