



Consent for Telehealth Services

Please note the following before consenting to telehealth services:

- There are potential benefits and risks of video-conferencing and telephone sessions (e.g., limits to confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services; to this end, no one will record or participate in the session without the permission of both you and your mental health provider.
- In consenting for these services, you are agreeing to use the designated video-conferencing platform and/or telephone service selected for virtual sessions, and your mental health provider will be responsible for ensuring that you are informed on how to use the selected platform.
- Before consenting, please confirm with your provider whether you have the means to participate by selecting from the following options (Please initial all that apply):

Smart phone/tablet device

Personal computer with video and microphone

Cellular telephone

Land-line telephone

I do not have access to any video or audio device

- A quiet, private, and distraction-free environment is ideal for the remote session. If you need to cancel or change your tele-appointment, you must notify your mental health provider in advance by either telephone or e-mail.
- In the event of technical difficulties, it is necessary to have an alternate telephone number on file. Please indicate your alternate telephone number below:

Alternate contact number: _____

Does this number belong to you? (please initial) Yes No

If no, please indicate the name associated with it: _____

May we leave a message with this number? (please initial) Yes No



- Some added safety precautions are needed for telehealth communications. Please indicate your identified emergency contact and their number. Additionally, please indicate the closest available emergency room to your home location:

Emergency Contact Name: _____

Relationship to you: _____

Nearest Emergency Room (name and address): _____

- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- Billing for these services will be consistent with in-person sessions. We ask that you pay fees via telephone or upon receipt of your mailed bill.
- Your mental health provider may determine that, due to certain circumstance, telehealth is no longer appropriate, and that treatment should resume with in-person sessions.

Patient Name (Please Print) _____

Patient Signature/POA/Parent/Guardian _____ **Date** _____

Mental Health Provider Name (Please Print) _____

Mental Health Provider Signature _____ **Date** _____

Supervisor Signature (if applicable) _____ **Date** _____