

Telemental Health Informed Consent

I _____, (name of client) hereby consent to participate in Telemental health with Circles and Stones, LLC and Christy Montrone-Burns, 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:

- 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.
- 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.
- I understand that it is my responsibility to find a place that is private and confidential during the sessions so others in the home cannot overhear the conversation.
- 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.
- 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).
- 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.
- I understand that during a Telemental health session, we could encounter technical difficulties resulting in service interruptions. If we are unable to reconnect within ten minutes, I will call you and we may have to re-schedule.
- I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Protocols

(please put a check mark next to these two items indicating that you read and understand them.)

- I understand that it is my responsibility to let my therapist know if I am somewhere other than my home during our sessions and give the address.
- I understand that my emergency contact person may need to be called if there is an emergency during the session.

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 (or guardian) & date

Signature of therapist & date