

Telehealth Informed Consent



Rose Psychotherapy

I consent to engaging in telehealth with Rose Psychotherapy, as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications using Zoom or Therapy Notes EHR. Zoom and Therapy Notes EHR are simple to use and there are no passwords required to log in.

I understand I have the following rights with respect to telehealth:

- I have the right to withhold or remove my consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefit to which I would otherwise be eligible.
- The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Rose Psychotherapy that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. In addition, I understand that telehealth based services and care may not be as complete as in-person services due to the fact that I will not be in the same room as my provider. I understand that if my therapist believes I would be better served by other interventions I will be referred to a mental health professional who can provide those services in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.
- I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that a telehealth consultation has potential benefits, including easier access to care and the convenience of meeting from a location of my choosing. I understand that the use of Zoom, Therapy Notes EHR, and Google audio/video systems are not 100% secure and may have issues with Wi-Fi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold Rose Psychotherapy or its staff liable for the gathering or use of client information by these service providers.
- I understand I have the right to access my personal information and copies of case notes. I have read and understand the information provided above. I have discussed these points with my therapist, and all of my questions regarding the above matters have been answered to my approval.

- I understand that my therapists' ability to provide out-of-state teletherapy to me may be dependent on that state's licensure requirements and/or my insurance requirements. I agree to keep my therapist updated if I plan to engage in therapy outside of the state in which my therapist is located.
- I understand that though my provider and I may be in direct, virtual contact through the telehealth service, neither Zoom or Therapy Notes EHR provides any medical or healthcare services or advice, including but not limited to, emergency or urgent medical services. I further understand that Zoom and telehealth by Therapy Notes EHR facilitate videoconferencing only and are not responsible for the delivery of any healthcare, medical advice, or care.
- I understand that in order to maintain my confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. Additionally, confidentiality will be maintained using the platform with the waiting room feature, so that I will not interact with other clients while I am logged in.
- By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I understand that an emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing this document, I acknowledge I have been told that if I feel suicidal, I am to call 911, local county crisis agencies or the National Suicide Hotline at 988. Additionally, I agree to not abruptly leave the telehealth session without an explanation to my therapist, even if it is due to technological issues. I have provided an emergency contact in the event that I have logged off unexpectedly and my therapist was worried for my safety.
- I understand that when scheduled to meet for a telehealth session, Rose Psychotherapy agrees to remain logged into the video session for 15 minutes to wait for my arrival. I understand if I arrive late to the session, this will impact my quality of care. If I do not arrive within 15 minutes with no communication to the provider, the session may be considered a "no show" and will be charged the appropriate fee (\$125.00).

By signing this form, I certify:

I have read or had this form read and/or had this form explained to me.

I fully understand it's contents, including the risks and benefits of using telehealth for therapy.

Additional risks and benefits may not yet be known and I agree to not hold my therapist liable for unknown risks.

I have been given ample opportunity to ask questions and any questions have been answered to my satisfaction.

If client is a minor, parent/guardian MUST sign below. Minor signature is not valid.

BY SIGNING BELOW, I AM AGREEING I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature:

Date: