

## TELEHEALTH INFORMED CONSENT FORM

I hereby consent to participate in telehealth with **Patricia J. Blake, Ph.D.** for behavioral health care services. I understand that “telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, and education utilizing interactive audio, video, or data communications. If the patient is under the age of nineteen or unable to consent for treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

I understand that:

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss of withdrawal of any program benefits to which I would otherwise be entitled.
2. There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. The potential risk of telehealth services is that there could be a partial or complete failure of the equipment being used which could result in the psychologist’s inability to complete the mental health services.
3. Confidentiality still applies for telehealth services, and sessions will not be recorded without consent. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional states an issue in a legal proceeding.
4. All existing laws regarding client access to mental health information and copies of mental health records apply.
5. I agree to use the video-conferencing platform selected for our virtual session, and the provider will explain how to use it. I need to use a webcam or smartphone during the session. It is important to use a secure internet connection rather than public/free Wi-fi. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
6. It is important to be on time. If I need to cancel or change my tele-appointment, I must notify the provider in advance by phone or email.
7. We need a back-up plan (e.g., phone number where I can be reached) to restart the session or to reschedule it, in the event of technical problems.
8. We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis.
9. I should confirm with my insurance company that the video sessions will be reimbursed; if they are not reimbursed, I am responsible for full payment.

I have read and understand the information provided above. I have discussed it with my provider, and my questions have been answered to my satisfaction.

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Signature of Patient/Parent/Guardian

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If not patient, relationship to patient

\_\_\_\_\_  
Date