



Informed Consent for Telemental Health Services

The following information is provided to clients who are seeking telemental health therapy. This document covers your rights, risks and benefits associated with receiving services, my policies, and your authorization. Please read this document carefully and note any questions you would like to discuss.

Client's Rights

- You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with the names of other qualified therapists.
- You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual method of psychotherapy practices with you.
- You have the right to refuse the use of any therapeutic technique. I will inform you if I intend to use any unusual procedures and explain any risks involved.
- You have the right to learn about alternative methods of treatment. I will discuss these with you during our work together.
- Telemental health services are not appropriate for all clients. Generally, those who are experiencing suicidal ideation or altered mental status are not appropriate. Should telemental health services not be a good fit for you, I will assist you in finding alternative options.

Benefits and Risks

Telemental health refers to psychotherapy services that occur via phone, email, or synchronous video conferencing. All of our interactions will fall under this term. When using technology there is always the risk of security issues, as well as technical issues (phone not charged, computer or software not working, etc.). You will develop an individualized plan for how best to address technical issues that may arise and will take steps to facilitate the security of interactions with your therapist. In addition to the identified risks, there are several benefits that come from using technology. For instance, it allows therapists to connect with people who may otherwise not be able to access services, there is an opportunity for more flexibility in scheduling, and convenience in being able to connect from a space of your choosing. In order to protect your confidentiality and to facilitate the security of your information as much as possible, here is a list of recommendation

- Engage in sessions in a private location where you cannot be heard by others
- Use a private phone
- Do not record any sessions
- Password protect any technology on which you will be interacting with your therapist
- Always log out or hang up once therapy sessions are completed
- To avoid others knowing we have connected, our therapist will be contacting you from a blocked number

Emergency Management Plan

Willow Oak Community Behavioral Health Center (WOCBHC) does not provide emergency services. In the event of an emergency, it is imperative you are aware of resources in your area. As a precaution, please identify two (2) nearby emergency hospitals below. In addition, you will need to provide information for an emergency contact person. These all need to be filled out to participate in telemental health services.



Hospital #1: name	
Hospital #1: Address	
Hospital #1: Phone Number	

Hospital #2: Name	
Hospital #2: Address	
Hospital #3: Phone Number	

Emergency Contact Name:	
Emergency Contact Number:	

Contacting Your Therapist

Email is the main form of contact that will be used outside of the consultation and sessions. Please note that email is not secure, so communication should be limited to scheduling questions, providing resources, and supplying any applicable insurance information.

Payment for Services (See Financial Policy & Credit Card Authorization)

Authorization for Treatment

I, _____, authorize evaluation and treatment from

_____. I acknowledge that I have may request a copy of this informed consent agreement. It is agreed that either of us may discontinue treatment at any time.

Signature

Date