

Telehealth Informed Consent Form

I, _____ hereby consent to engage in teletherapy/coaching with _____. I understand that “telehealth” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy/coaching also involves the communication of my medical/mental information, both orally and visually.

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

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory exceptions to confidentiality which are discussed in your informed 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 my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telehealth based services and care may not be as complete as face- to-face services. I also understand that if my counselor believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not be improve, and in some cases may even worsen.

I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

I accept that telehealth does not provide emergency services. During our first session, my therapist and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room

for help. If I am having suicidal thoughts or making plans to harm myself, I can call the Colorado Crisis Services at **1-844-493-TALK (8255)** is a 24/7/365 support line for anyone affected by a mental health, substance use or emotional crisis. Immediate support is available and connections to more resources are provided, or I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

I understand that I am responsible for (1) providing the necessary telephone with proper charge and reception or computer and internet access if using a video platform for my teletherapy sessions, (2) the information security on my phone or computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

I understand that if I agree to choose video platforms such as Skype or FaceTime, that these platforms are not encrypted, hence my confidentiality is not guaranteed.

I understand that while email may be used to communicate with my counselor, confidentiality of emails cannot be guaranteed.

I have read, understand and agree to the information provided above.

Client Signature

Date

Printed Name