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Information and Informed Consent for Telemental Health Treatment

Telemental health is a live, two-way audio and video electronic form of communication that allows therapists and clients to meet outside of a physical office setting.

Client Understanding:

I understand that telemental health services are completely voluntary and that I can withdraw this consent at any time.

I understand that none of the telemental health sessions will be recorded or photographed. I agree not to make or allow audio or video recordings of any portion of the sessions.

I understand that the laws that protect privacy and the confidentiality of client information also apply to telemental health, and that no information obtained in the use of telemental health that identifies me will be disclosed to other entities without my consent.

I understand that telemental health is performed over a secure communication system that is almost impossible for anyone else to access. I also understand that any internet based communication is not 100% guaranteed to be secure.

I agree that the therapist and practice will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

I understand that I or my therapist may discontinue the telemental sessions at any time if it is felt that the video technology is not adequate for the situation.

I understand that if there is an emergency during a telemental health session, my therapist may call emergency services and/or my emergency contact.

I understand my therapist will advise me about what telemental health platform to use and she will establish a video conference session.

I hereby give my informed consent for the use of telemental health in my care.

SIGNED: _____ DATE: _____

Client's Name/Legal Guardian's Name (Please print):
