Dawn Wilcox, LCSW
www.dawnwilcox.com

Telemental Health Informed Consent

I _____, (name of client) hereby consent to participate in “telemental health”/”telemedicine” with Dawn Wilcox LCSW as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services using interactive audio, video, or data communications between a practitioner and a client who are located in two different locations. I understand the following with respect to telemental health:

1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.

2) I understand that there are risks and consequences associated with telemental health, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons there may be limited ability to respond to emergencies.

If a disruption in technology occurs during a session, and we are unable to reconnect within ten minutes, please call me at 732-735-5572 to discuss since we may have to re-schedule.

3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

4) I understand that the laws that protect the confidentiality of my medical information privacy also apply to telemental health services. As such, I understand that the information disclosed by me during the course of my therapy is confidential. I understand that 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 state an issue in a legal proceeding.

5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.

6) I understand that telemental health services and care may not be as complete as face-to-face services. I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic service I will be referred to a psychotherapist who can provide such services in my area. 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 psychotherapist, my condition may not be improved, and in some cases may even get worse.

7) I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.

8) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life- threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is:

_____

My emergency contact person's name, address, phone:

_____

_____

_____

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

_____ _____
Signature of client/parent/legal guardian Date

_____ _____
Signature of therapist Date