



Telehealth Informed Consent Form

I _____, consent to engaging in telehealth with a Psychotherapeutic Resources therapist as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, treatment planning, and therapy. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications.

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

- 1) I have the right to withhold or remove consent at any time without effecting my right to future care or treatment. I consent to receiving an email that contains my therapists name and Psychotherapeutic Resources.
- 2) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during my sessions is confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 3) I understand that there are risks unique and specific to telehealth, including but not limited to, the possibility that our therapy sessions could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.
- 4) Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold Psychotherapeutic Resources or therapist liable for any accidental access that may occur.
- 5) By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services. In addition, I understand that telehealth treatment is different from in-person therapy and that my therapist will consider these differences in their recommendation.
- 6) I understand I have the right to access my personal information and copies of case notes. I have read and understand the information provided above. I have discussed these points with my therapist, and all of my questions regarding the above matters have been answered to my approval.

Client or Guardian Signature

Date

Email Address