

## TELEHEALTH INFORMED CONSENT

1. I hereby consent to participate in telemental health with Jeffrey Hubbell, LSCSW as part of my psychotherapy.
2. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.
3. I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
4. 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.
5. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
6. 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.
7. 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.
8. I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency. I have completed the emergency contact form.
9. In order to ensure my safety, I will inform my therapist of the address where you are at the beginning of each session.

### CONSENT TO USE THE TELEHEALTH BY Zoom/psychology today/Doxy.me SERVICE

Telehealth is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, the Telehealth Service does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
6. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, the therapist may end and restart the session. If we are unable to reconnect within ten minutes, the client should call their provider at (314) 482-1860 to complete the session via telephone or to reschedule.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

MY SIGNATURE BELOW INDICATES I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Client Signature (or guardian of minor client)

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Date