

## **Telehealth Informed Consent**

**In short, telehealth is any form of delivering health care via technology (e.g. video or phone).  
Each statement below outlines the options and risks for telehealth.**

1. Despite reasonable efforts on the part of my therapist my sessions could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.
2. Miscommunication between myself and my therapist may occur via Telehealth. There is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
3. I understand that at the beginning of each Telehealth session my therapist is required to verify my full name and current location.
4. I understand that Telehealth may not be as effective or provide the same results as in-person therapy. There is no guarantee that Telehealth is effective for all individuals. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and refer me to in-person services as needed. If such services are not possible because of distance or hardship, I will be referred to other therapists who can provide such services.
5. Video/audio recordings of sessions will not occur without the other party's written permission.
6. I understand that my therapist will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my therapist may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

*Selecting the checkbox on the **Client Intake Questionnaire** also acts as a signature.*