

**LOCHMERE FAMILY COUNSELING
MARY MOSELEY, MED, LCMHC**

TELEMENTAL HEALTH INFORMED CONSENT

What you need to know:

During this COVID-19 national emergency, the Office of Civil Rights (OCR) at the Department of Health and Human Services (HHS) is “empowering medical providers to provide services to patients wherever they are.” In addition they add that, “A covered health care provider that chooses to use audio or video communications technology to provide telehealth...can use any remote communication product that is available to communicate with patients.”

Telemental Health as defined herein is a practice of health care delivery, diagnosis, consultation, counseling, education, and/or the transfer of medical data using interactive audio, video, or other electronic communications.

In the signing of this Telemental Health Informed Consent, you are stating that you understand and accept that:

1. By engaging this provider for telemental health services in any of the above stated forms, I am making this choice without restriction and am giving my consent for this service format.
2. Telemental health services may not provide absolute privacy and security. Transmissions of personal health information (PHI) could be disrupted or distorted or interrupted by unauthorized persons and/or the electronic storage of my PHI could be accessed by unauthorized persons.
3. Telemental health communications may be distorted or delayed due to internet connectivity and/or bandwidth availability.
4. If there are repeated connectivity issues during a session resulting in frequent interrupted video or audio, I agree to complete the session via telephone.
5. It is not advisable to initiate telemental health service for crisis situations unless arrangements have been agreed upon in advance by you and your provider. Such arrangements are designed to provide for your personal care and safety on-site.
6. I will provide the contact information of an “emergency contact” who is able and willing to go to my location and provide assistance if I or my provider deem it necessary. If I am unable to reach my provider or my emergency contact person, I will call 911 or go to my local emergency facility if I am in crisis or personal danger.
7. If my provider or I believe I would be better served by another form of therapy or service, I will be offered other forms of service and/or other providers (e.g., in-person service).

8. I am not permitted to record this session without the prior written permission of the provider.
9. Since state licensing regulations for telemental health are different in each state, I will inform this provider of my location at the time of service. I will inform the provider at least 24 hours in advance of a session if I am choosing a new service location.
10. I am responsible for ensuring that I have a confidential and distraction-free space for my telemental health session. I am to notify my provider if anyone else is present or can overhear the session content.
11. I should make ready my video and/or audio devices prior to each session to ensure proper connection and function so that valuable session time is not lost in preparation.
12. I have the right to withdraw my consent at anytime and cease Telemental Health Service.

I have read and understand the information in this Telemental Health Informed Consent document. I am agreeing to participate in service with my provider, Mary Moseley.

_____ (Client Printed Name)

_____ (Client Signature) _____ (Date)

Review of Informed Consent with Provider:

_____ (Provider Signature) _____ (Date)