

## Moontree Psychotherapy Center Telemental Health Informed Consent

Telemental health defined: Telemental health means the remote delivering of health care services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to telephone, video, internet, smartphone, tablet, PC desktop system or other electronic means.

Limitations of telemental health therapy services: Telemental health offers several advantages such as convenience and flexibility. It is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. There may be a disruption to the service (e.g., phone gets cut off or video drops) that would interrupt the normal flow of personal interaction. There is a risk of misunderstanding one another if video or audio quality is lacking. The potential for interruptions may be increased. Clients and providers will minimize interruptions and maximize privacy by using a quiet, private location and using a “do not disturb” sign where possible and necessary. I understand that video sessions are more successful using a wifi connection. I understand that during a telemental health session a technological failure could occur. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, the therapist will call you at the phone number on file and complete the session. There is also the possibility that the session will be rescheduled.

I hereby consent to engaging in telemental health as part of my psychotherapy. I understand that telemental health includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of mental health data, and education using interactive audio, video, or data communications. I understand that I have the following rights with respect to telemental health:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical and mental health information also apply to telemental health. I understand the therapist may contact my emergency contact and/or appropriate authorities in case of emergency. I also understand that the dissemination of any personally identifiable images or information from the telemental health interaction to researchers or other entities shall not occur without my written consent.

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

In addition, I understand that telemental health based services and care may not be as complete as face-to-face services. 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 improve, and in some cases may even get worse.

(4) I understand that I may benefit from telemental health, but that results cannot be guaranteed or assured.

(5) I understand that I have a right to access my medical and mental health information and copies of medical records in accordance with Wisconsin law.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

This informed consent is effective for up to 15 months. I understand I have the right to withdraw this informed consent at any time, in writing. I understand that I may request a copy of this notice.

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Print Name

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Signature of Client

Date