



Pathways

COUNSELING CENTER

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TELEMENTAL HEALTH INFORMED CONSENT

I, _____ (name of client),
hereby consent to participate in telemental health with _____
(provider) as part of my psychotherapy. I understand that telemental health is the practice of
delivering clinical health care services via telephone, technology-assisted media or other electronic
means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

1. 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.
2. I understand that there are risks and consequences associated with telemental health, including but not limited to: disruption of transmission by technology failures, interruption and/or breach of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand that there will be no recording of any kind by either party. Siri, Alexa, Messenger microphone and the like should be turned off during these sessions to avoid accidental recording. All information disclosed within sessions and written records pertaining to these sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
4. I understand that the privacy laws that protect the confidentiality of my protected health information 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, etc.).
5. 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 telehealth services are not appropriate & a higher level of care is required.
6. I understand that my therapist may need to contact my emergency contact and/or the appropriate authorities in case of an emergency. Emergency protocol: I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. My location is: _____
My emergency contact person is: _____ Phone: _____
7. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. You may try to reach me at (352) 686-3188 if we are unable to reconnect. If there is no answer, please leave a message & I will call to reschedule.

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of client/parent/legal guardian

Signature of therapist

Date signed

I acknowledge that I gave verbal consent to participate in telehealth to my therapist on or after 3/15/20.

(client initials)