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## Informed Consent for Tele-Mental Health Services

Client Name: \_\_\_\_\_

Tele-mental health services are available via tele-mental health and use of electronic medical records. By signing this document, you are confirming that you have read and understand the following:

- I understand that records of all visits will be documented in my electronic medical record and that strict confidentiality of the records will be maintained.
- I understand that privacy during the tele-mental health appointment will be secured on the end of the provider.
- I understand that it is up to me (the client) receiving tele-mental health services to secure my own private location while engaging in tele-mental health appointment.
- I understand that I may refuse or stop the tele-mental health appointment at any time. If direct communication is desirable, an alternative appointment can be provided face-to-face at Northland Christian Counseling Center.
- I understand that if needed, an emergency plan will be established, and I will be made aware of the plan.
- I understand that if technical difficulty or breakdown occurs the appointment may be rescheduled.
- I understand that if contact with my tele-mental health provider is necessary between scheduled appointments, I should call Northland Christian Counseling Center and ask to speak to my provider.
- I understand that there are some risks with tele-mental health services, which include, but are not limited to: a) the transmission of my medical information could be disrupted or distorted by technical failure; b) the transmission of my medical information could be interrupted or intercepted by unauthorized persons; and c) the electronic storage of my medical information could be accessed by unauthorized persons.
- I understand that I may benefit from distance counseling and that much research demonstrates that tele-mental health counseling is just as effective as in-person counseling, but that results cannot be guaranteed or assured.
- I understand that my provider and I will monitor the effectiveness of tele-mental health counseling and whether it seems helpful for me during the COVID-19 crisis, where it may be our only option at times.
- I understand the same fee rates and/or co-pays will apply for tele-mental health counseling as apply for in-person counseling.

I acknowledge that tele-mental health appointments have been explained to me in a satisfactory manner and that all questions that I have asked about the services have been answered in a manner satisfactory to me. Understanding the above, I consent to the tele-mental health process.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_