

GEORGE LAWS Social Work Services LLC

Licensed Clinical Social Worker

EMDR Practitioner

Somatic Experiencing Practitioner

Telemental Health Informed Consent

I understand the following with respect to telemental health:

- 1) I understand that telemental health is the practice of delivering clinical health care services via technology assisted media, or other electronic means, between a practitioner and a client who are in two different locations. And, is not the same as an in-person session with the provider since we will not be in the same room.
- 2) 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. And, that I or my provider can discontinue the telehealth session if it is felt unsuitable as a venue for appropriate care, or that the videoconferencing connections are inadequate.
- 3) I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing, so long as I am within the legal jurisdiction of the licensure of the provider.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) 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; or I raise mental/emotional health as an issue in a legal proceeding).
- 5) I understand that there are potential risks with technology, technical difficulties and failures, including interruptions, privacy risks, unauthorized access and/or limited ability to respond to emergencies. (If service interruptions occur, I may end and restart the session and/or reconnect in minutes by phoning the provider to discuss options.)
- 6) I understand the importance of managing and reducing risks by having and updating a Risk and Crisis Management Plan with the provider, which may include such items as: consent for a designated Client Support Person (CSP); an alternative communication method; emergency contact numbers in my locality to mediate a crisis; proof of identity and ongoing disclosures of the locality of videoconferencing. And, that my therapist may need to contact my Emergency Contact Person and/or Client Support Person, and/or the appropriate local authorities in case of an emergency.
- 7) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 8) 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 telemental health services are not appropriate and a higher level of care is required.
- 9) I understand that I may communicate with my provider between sessions through texting, email or phone and could expect a return communication within 48 hours. And, if I am experiencing an emergency, to call 911.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents, including the risks and benefits of the procedure(s).
- That I have been given full opportunity to ask questions and that any and all questions have been answered to my satisfaction, and that the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

I (print name of client) _____, hereby agree to the items contained in this document and consent to participate in telemental health with George Laws LCSW, SEP, EMDR the provider, as part of my therapy.

Client Signature _____ Date _____