

## TELEHEALTH CONSENT FORM

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I, \_\_\_\_\_/\_\_\_\_\_ hereby consent to engage in Telemental health with Irit Goldman Licensed Marriage and Family Therapist, MFC46437. I understand that Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g., Internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. My therapist utilizes Psychology Today to complete telehealth sessions.

**By signing this form, I agree and understand to the following:**

1. I have a right to confidentiality with regard to my treatment and related communications via Telemental health under the same laws that protect the confidentiality of my treatment information during in-person psychotherapy. The same mandatory and permissive exceptions to confidentiality outlined in the Informed Consent received apply to my Telemental health services.
2. I understand that **there are risks associated** with participating in Telemental health including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that my psychotherapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures, interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.
3. I understand my therapist will make every attempt to contact me if miscommunication occurs via Telemental health.
4. I understand that there is a risk of being overheard by persons near me and that **I am responsible for using a location that is private and free from distractions or intrusions.**
5. I understand that at the beginning of each Telemental health session **my therapist is required** to verify my full name and current location.
6. I understand that in some instances Telehealth may not be as effective or provide the same results as in-person therapy. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and provide referrals as needed. If such services are not possible because of distance/hardship, I will be provided with appropriate referrals.
7. I understand that while Telemental health has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that Telehealth is effective for all individuals. Therefore, I understand that while I may benefit from Telemental health, results cannot be guaranteed or assured.
8. I understand that **neither I nor my therapist may record (audio/video) the sessions.**
9. I have discussed the fees charged for Telemental health with my therapist: **\$150** per individual 50-minute session; **\$160** for couples.
10. I understand that my therapist will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my therapist may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Or Authorized Representative Relationship to client: \_\_\_\_\_

**Verbal Consent Obtained** Therapist reviewed Telehealth Consent Form with client. Client understands and agrees to the above advisements and has verbally consented to receiving psychotherapy services from Therapist via Telehealth.

Date: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_