

Informed Consent and Telehealth Policy

Tele-Mental Health Video Tele-Conferencing Services (TMH-VTC, referred to hereafter as TMH)

1. TMH refers to the delivery of mental health services through interactive technologies such as audio, video, or other electronic communications which take place when the psychotherapist and client(s) are not in the same physical location.
2. There are two sites participating in a client consultation (the client's location and the psychotherapist's location). There are roles and responsibilities for each site regarding confidentiality. Both client and psychotherapist agree to make every effort to insure uninterrupted privacy during consultation time.
3. Psychotherapist and client agree to identify everyone who is participating in the consultation encounter. There will never be anyone else in the room at the provider site, except if explicitly pre-arranged and agreed upon.
4. My psychotherapist is required to verify the identity and geographic locations of each client receiving TMH health services.
5. My psychotherapist is licensed in Virginia and may only provide services to clients located in Virginia at the time of service, with rare exceptions.
6. The laws and professional standards that apply to in-person behavioral services also apply to TMH health services. This document does not replace other agreements, contracts, or documentation of informed consent.
7. If the client has any confidentiality or privacy concerns, the client agrees to address those with the psychotherapist.
8. Sessions will NEVER be recorded, neither by the client nor the psychotherapist without prior written approval.
9. The client has the right to withhold or withdraw consent to the use TMH at any time.
10. Client may expect the anticipated benefits from the use of TMH in his or her care, but that no results can be guaranteed or assured.
11. Healthcare information may be shared with other individuals for billing reimbursement purposes only with prior written consent.
12. The laws that protect privacy and confidentiality of medical information also apply to and that no information obtained in the use of TMH, which identifies the client, will be disclosed to researchers or other entities without my written consent.
13. There are inherent risks a given telecommunication technology may pose in both equipment (hardware, software or other equipment components) and the processes used for providing TMH services. A HIPAA-compliant platform will always be used for TMH.
14. There is the risk of technical failure during a consultation. In this case, provider will telephone the client to make arrangements.
15. As with face-to-face encounters, the client agrees to implement safety measures in case of imminent danger to self or to another person.
16. I give Lenée N. Essig, LCSW, LLC written permission to have a colleague contact me in case of an emergency and Lenée N. Essig, LCSW, LLC cannot contact me herself.

Consent Agreement

I have read and understand the information provided above regarding TMH-VTC and all of my questions have been answered to my satisfaction. I understand the risks and benefits of TMH consultation and I hereby give my informed consent to participate.

Client Signature: _____ Date: _____

Printed name: _____