

## **Telemental Health Informed Consent**

By signing below you hereby consent to participate in telemental health sessions with your assigned Cloud Break Therapy provider as part of your psychotherapy. You 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 located in two different locations.

You understand the following with respect to telemental health:

1. You have the right to withdraw consent at any time without affecting your right to future care, services, or program benefits to which you would otherwise be entitled.
2. There are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. 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.
4. 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; you raise mental/emotional health as an issue in a legal proceeding).
5. If you are 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 services are not appropriate and a higher level of care is required.
6. During a telemental health session, we may encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If you and your provider are unable to reconnect within ten minutes, please call or email your provider to discuss scheduling options.
7. My therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

### **Emergency Protocols:**

Your provider needs to know your location in case of an emergency. You agree to inform your provider of the address you are at the beginning of each session. You also agree to verify your emergency contact person and their information at the beginning of your next session and inform

our administrator Jessica Clark or your provider of any changes. This person will only be contacted in the event of a life threatening emergency.

***By e-signing this form, you acknowledge that you have read the information provided above, understand the information contained in this form, and agree to abide by the Cloud Break Therapy emergency protocols.***