



Telemental Health Informed Consent

I hereby consent to engage in Telemental health (internet based therapy) with [your name and credentials], as the main venue for my psychotherapy treatment. I understand that Telemental health includes the practice of health care delivery, including diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communication.

All protections and limitations of HIPAA are the same for online therapy as they are in person, as outlined in the Privacy Policies you have already received.

In addition, you agree that:

I understand that I will need to download an application to use this platform. I also need to have a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. The secure, HIPAA compliant server to be used is [name your platform here] from a computer OR the free [platform name] from a phone/tablet.

Session Structure:

It is important to maintain a setting that is as similar to being in an office together as possible. Maintaining the structure of the setting is critical. In order to have effective online therapy sessions, the following guidelines must be followed:

Your device must be placed on a steady surface throughout sessions, and not held in your hand if it can be avoided. If it must be in your hand, please hold it as steady as possible. You should also be in a set location and not moving about.

Make sure that you are in a private location where your sessions cannot be overheard by others. Make sure to adjust the volume on your device to ensure your privacy. You are required to inform me if there is anyone in the room with you, or who you believe may overhear the session.

Try to have proper lighting so that I can best communicate with you. You must be appropriately attired each session, including being fully dressed and sitting in an appropriate setting for our session.

Minimize background noise. Turn off televisions, music or other sounds. Please close the door to the room you are in.

Minimize distractions. You should not be playing games on a device, be on social media, or working on other things while in therapy. Make sure that pets, children, household members and roommates will not be distractions from treatment.



You may not invite others into session time without discussing this with me first. If the connection is broken for any reason, I will call you to remedy the situation. If transmission should fail, clinician will resume session via phone at [phone number] until internet based therapy has returned.

Client Rights: I understand that I have the following rights with respect to Telemental health:

I have the right to withdraw consent at any time without affecting my right to future care or treatment.

The laws that protect the confidentiality of my medical information also apply to Telemental health. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. (See also Privacy Policies)

I understand that there are risks and consequences from Telemental health.

These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of services could be disrupted or distorted by technical failures; misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner; and/or possible confidentiality breaches if someone should walk into the client's room while in a psychotherapy session.

In addition, I understand that Telemental health based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a psychotherapist in my area who can provide such service.

I understand that I may benefit from Telemental health, but results cannot be guaranteed or assured. The benefits of Telemental health may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

In emergencies, call 911 or go to your local emergency room. [your name and credentials] can be contacted at [phone] during business hours and will return calls within one business day. [Your name and credentials] is physically located at 2503 Del Prado Blvd. South, Suite 410, Cape Coral, FL 33904.



I have read the above agreement and office policies and general information carefully. I understand them and agree to comply with them:

Client Name: _____ Date: _____ Signature: _____

Client Name: _____ Date: _____ Signature: _____

Therapist Date