



INFORMED CONSENT STATEMENT FOR TELEHEALTH

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that all information disclosed within sessions is confidential and may not be revealed without my written permission except in the following cases where:

- A. Disclosure is required by law when there is reasonable suspicion of abuse of children, elderly persons, or dependent adults; or where the client presents a serious danger of violence to another.

NOTE: Reasonable suspicion of child abuse includes knowingly preparing, selling, accessing, streaming, downloading, viewing, and/or distributing material of a minor engaged in an act of obscene sexual conduct, including "sexting."

- B. Disclosure is permitted by law allowing protective measures to be taken if I am likely to harm myself.
- C. There is a court order issued from a judge to release mental health records.
- D. Please be aware of the following considerations regarding telehealth services (which includes telephone and/or video conferencing):
- ✓ There are potential benefits and risks of telehealth services (e.g. limits to patient confidentiality) that differ from in-person sessions.
 - ✓ Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).
 - ✓ We agree to use the telehealth platform selected for our virtual sessions, and the psychologist will explain how to use it.
 - ✓ It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
 - ✓ It is important to use a secure internet connection rather than public/free Wi-Fi.
 - ✓ It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by email.
 - ✓ We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
 - ✓ We need a safety plan that includes your current location and an emergency contact. In the event of a crisis situation we may need to call 911 to ensure your safety.
 - ✓ If you are under 18 years old, we may need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
 - ✓ As your psychologist, I may determine that due to certain circumstances, telehealth is not appropriate and other options will be explored.

I understand that discussion with professional staff may be indicated in order to facilitate appropriate treatment or referrals.

I have been given and have read the Information Sheet _____(initials)

IF YOU HAVE ANY QUESTIONS, PLEASE DISCUSS THEM WITH YOUR THERAPIST

Name: _____
(Type your full name for electronic signature)

Date: _____
(Todays Date)

Student ID# _____

May we contact you by email for an anonymous follow-up evaluation questionnaire?

Yes

No