



## Telehealth Authorization Form

I hereby consent to participate in telemental health with **Clinical Care Consultants** as part of my psychotherapy. I understand the following with respect to telemental health:

- There are potential risks and benefits associated with telemental health, including but not limited to, disruption of transmission by technology failures, limits of confidentiality, and/or limited ability to respond to emergencies.
- Client confidentiality and privacy laws still apply, and 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 and/or is required by law.
- If I am 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 health services are not appropriate.
- There are some circumstances in which telemental health is not appropriate or good practice, and sessions may need to resume in-person.
- I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
- Please confirm with your insurance company that the telehealth sessions will be reimbursed; if they are not, you are responsible for full payment.
- We agree to use the secure video conferencing platform, Zoom, for our virtual sessions, and your therapist will explain how to use it.
- It is important to be in a quiet, private space that is free of distractions. Although the video is secure, it is best not to be on public area or public wi-fi. It is also important to be on time and notify your therapist in advance as you would an in-person session

### **In case of emergency, my contact person is:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **If Client is a minor please complete below:**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_