



Telemental Health Consent Form

Client hereby consents to engaging in telemental health psychotherapy counseling with Tia Thomas, LCSW, CHT. Client understands that this includes the practice of diagnosis, psychotherapy delivery, consultation, treatment, transfer of clinical data (when necessary and with consent), and education using interactive audio, video, or data communications.

Client attests to providing accurate identifying information such as name, date of birth, and address as well as accurate contact and emergency contact numbers and agrees to the use of this information in the event of an emergency.

Delivery of Services

1. Services will be delivered in a professional manner; therapist and client agree to conduct themselves in a respectful manner during the counseling sessions.
2. Client understands that they may benefit from telemental health counseling, but that results cannot be guaranteed or assured

Confidentiality

The following is understood in regards to the delivery of telemental health counseling:

1. Therapist cannot guarantee confidentiality of sessions during telephone sessions. However, therapist will make every effort on their part to ensure confidentiality is met by not allowing any third party present during these sessions without written consent of client. Client understands that they are responsible for ensuring confidentiality of the sessions on their end by not placing the call on speaker or allowing third parties to be present during the call. Should the client allow this to occur, they understand that therapist is not responsible for any breach of confidentiality.
2. Therapist will ensure no other parties are present during the time of scheduled sessions to uphold confidentiality. Client agrees to make every effort to ensure no third party is present during video conferencing sessions. Should the client allow a third party to be present during these sessions, they understand that therapist is not responsible for any breach of confidentiality.
3. Client understands that there are risks and consequences with telemental health counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of the psychotherapist, that: the transmission of clinical information could be disrupted or distorted by technical failures; the transmission of clinical information could be interrupted by unauthorized persons; and/or the electronic storage of clinical information could be accessed by unauthorized persons.
4. This form is an addendum to the HIPPA and Informed Consent Form which shall be agreed to and signed by the client.

Scheduling

1. Sessions will be scheduled either by phone or online.
2. Session times will be selected upon appointment scheduling; Sessions will end approximately five minutes prior to the end of the session to allow time to schedule the next appointment and for proper clinical documentation.

Payment for Services

1. Payment for telemental health services will be in the form of credit or debit card; mailed in cash payments are not accepted. Partial payments are not accepted
2. Client will provide a valid credit or debit card when scheduling the initial session which will be saved on a secure website and charged prior to the start of each session.

Late Cancellations

1. Clients understand that they will be charged a \$75 late cancellation fee if an appointment is cancelled less than 24 hours of the scheduled appointment time.
2. Clients understand that the credit or debit card on file will be charged this late cancel fee at the time of the missed appointment.

Termination of Telemental Health Services

Therapist providing telemental health services reserves the right to terminate telemental health services and request in office sessions should any of the following occur:

1. Therapist assesses safety issues such as reports of suicidal thoughts or homicidal thoughts.
2. Therapist assesses that telemental health services are not meeting the needs of the client and that these needs would be best met with in office sessions
3. Therapist assesses inappropriate behavior on part of the client during the telemental health sessions.
4. Therapist discovers new diagnostic or any other unreported history during the telemental health sessions in which he/she feels the need to require in office sessions.
5. Client cancels more than three consecutively scheduled appointments prior to the 24 hour period or has two consecutive late cancellations

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Client Signature and date

Therapist Signature and date