

**Tele-mental Health Informed Consent Form**

I \_\_\_\_\_ [name of patient(s)] hereby consent to engaging in tele-mental health with Dr. Diane Myers as part of my psychotherapy.

I understand that “tele-mental health” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of mental health data, and education using interactive audio, video, or data communications. I understand that tele-mental health also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in Texas and outside of Texas. I understand that I have the following rights with respect to tele-mental health:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my mental health information also apply to tele-mental 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 self and/or an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (3) I understand my therapist may contact my emergency contact and/or appropriate authorities in case of emergency.

Emergency contact person & phone: \_\_\_\_\_

In case of emergency my location is: \_\_\_\_\_

Nearest emergency room: \_\_\_\_\_

(4) I also understand that the dissemination of any personally identifiable images or information from the tele-mental health interaction to researchers or other entities shall not occur without my written consent.

(5) I understand that there are risks and consequences from tele-mental health, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my mental health information could be disrupted or distorted by technical failures; the transmission of my mental health information could be interrupted by unauthorized persons;

the electronic storage of my medical information could be accessed by unauthorized persons; and/or limited ability to respond to emergencies.

(6) I understand that tele-mental health-based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g., face-to-face services), I will be referred to a psychotherapist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve.

(7) I understand that I may benefit from tele-mental health, but that results cannot be guaranteed or assured.

(8) I understand that I have a right to access my mental health information and copies of mental health records in accordance with Texas law. 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.

Date \_\_\_\_\_

Signature of patient/parent/guardian/conservator

If signed by other than patient indicate relationship \_\_\_\_\_

- You will need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space. No other electronic devices except phone or webcam.
- Sessions will not be conducted if you are driving.
- 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 Dr. Myers in advance by phone or 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.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- Dr. Myers does not bill insurance companies but you should confirm with your insurance company that the video sessions will be reimbursed if you are filing a claim.