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LICENSED PROFESSIONAL COUNSELOR

Telehealth Services – Informed Consent & Disclaimer

By choosing to engage in telehealth services, you acknowledge and agree to the following:

1. Nature of Telehealth Services

Telehealth involves the delivery of mental health services using secure video conferencing or other electronic communication platforms. These services are provided in lieu of, or in addition to, in-person sessions and may include assessment, consultation, treatment planning, and psychotherapy.

2. Benefits & Risks

Telehealth can:

- Increase accessibility to care
- Reduce travel and time burdens
- Offer flexibility for clients in remote or underserved areas

However, telehealth also carries potential risks:

- Technology failures or interruptions
- Limitations in the therapist's ability to read non-verbal cues
- Data security breaches, despite best efforts to use HIPAA-compliant platforms

3. Confidentiality

Every effort will be made to maintain your privacy and confidentiality during telehealth sessions. However, clients are responsible for securing their own environment (e.g., using private spaces, securing their internet connection). The therapist will use encrypted, secure platforms to the best of their ability.

4. Emergencies & Crisis Situations

Telehealth is not appropriate for all mental health concerns. In the event of a medical or psychiatric emergency, **call 911** or go to the nearest emergency room. Your therapist may require local emergency contact information and a safety plan before initiating telehealth services.

5. Licensing & Jurisdiction

Therapy services will only be provided to clients located in states where the therapist is licensed. It is your responsibility to inform the therapist if you are physically located in a different state during any session.

6. Technology Requirements

You are responsible for using appropriate equipment (e.g., computer, smartphone, webcam, and stable internet connection) for participation. It is recommended to use headphones for privacy and sound quality.

By participating in telehealth services, you confirm that you understand the above information and agree to proceed with treatment via telehealth.

Client Name: _____

Client Signature: _____ Date: _____