

Informed Consent for Telehealth Services

This document covers your rights, risks and benefits associated with telehealth services.

Please carefully read, sign and return prior to your first scheduled Telehealth Session.

I, _____ (*client name*) hereby consent to engaging in telemental health with Michelle L. Cyr, LICSW LLC as part of my psychotherapy. I understand that “telemental 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 I have the following rights with respect to telemental health:

1. I have the right to withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical and mental health information also apply to telemental 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 that there are risks with telemental health. This may include, but is not limited to: the possibility, despite reasonable efforts on the part of my psychotherapist, that the transmission of my medical or mental health information could be disrupted or distorted by technical failures. Telemental health sessions are dependent on technology and may be disrupted due to technical difficulties outside of the control of my therapist.

In addition, I understand that telemental health based services and care may not be as complete as face-to-face services. Should telemental health services not be an appropriate fit for you, Michelle L. Cyr, LICSW will assist in finding alternative options.

4. In order to receive the most benefit from telemental health services I will take responsibility for the following:
 - a. I will engage in sessions from a private space where I will not be overheard or disrupted by others.
 - b. I will use the HIPPA compliant portal provided by Michelle L. Cyr, LICSW to engage in telemental health sessions, if I am unable to connect to the session or have technical difficulties, I will contact Michelle L. Cyr to make an alternative plan.
 - c. I will log out of the portal after each session to help protect my private health information.
 - d. I understand that if I miss a telemental health session, I am responsible for the missed appointment fee of \$100 which is the same as if I had missed an in-person appointment. The same 24 hour cancellation policy applies to telehealth sessions.

Client Name (Printed)

_____/_____/_____
Date of Birth

Client or Parent Signature

_____/_____/_____
Today's Date