

**MAREN HANDLER SIEGEL, LICSW**  
2607 CONNECTICUT AVE, NW  
WASHINGTON, DC 20008  
(202) 232-9100  
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WWW.MARENHSIEGEL.COM  
NPI # 1992907554

## **Telemental Health Informed Consent**

I, \_\_\_\_\_, hereby consent to participate in telemental health with Maren Handler Siegel, LICSW, as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media, phone and/or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I understand that 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, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others, etc.).
- 5) I understand that 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 and a higher level of care is required. Under these conditions, I give Maren Handler Siegel, LICSW the authority to terminate treatment the way she sees fit, and/or refer my treatment out to a more appropriate source.
- 6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at (202) 232-9100 or (202) 320-5935 to discuss since we may have to re-schedule.

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7) I understand that if I cross state lines, Maren Handler Siegel, LICSW may not be licensed in the state in which I will be visiting/residing, and that I approve and consent to treatment by Maren Handler Siegel, LICSW nonetheless.

8) I understand that Maren Handler Siegel, LICSW may need to contact my emergency contact and/or appropriate authorities in case of an emergency. Emergency Protocols dictate that Maren Handler Siegel, LICSW needs to know your location in case of an emergency. You agree to inform her of the address where you are at the beginning of each session. She also needs a contact person who she may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency. In case of an emergency my location is:

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My emergency contact person's name, address, phone:

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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. I consent to using an e-signature if needed, and confirm that the signature below is mine.

Signature of client/parent/legal guardian:

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Date: \_\_\_\_\_