

**Telemental Health Disclosure**  
**L. Chris Cannida, LPC-S, CCTP**  
**425 E. 22<sup>nd</sup> St., Ste 103D \* Owasso, OK 74055 \* 918.344.7551**

As a recipient of telemental health services, I understand the following: **(please read all and sign on page 2):**

1. Telebemental health is the delivery of mental health services using interactive technologies (use of audio, video or other electronic communications) between a therapist and client who are not in the same physical location.
2. The interactive technology used in telemental health utilizes network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.
3. This service is provided by technology (including but not limited to video, phone, text, apps and email) and may sometimes not involve direct face-to-face communication. There are benefits and limitations to this service.
4. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.
5. One risk of using an online portal for counseling is technological interruptions (loss of connection, power outage, etc.) Should this occur during a session, I understand it is my responsibility to contact Ms. Cannida and, by doing so, may give my permission for the session to be continued by phone, attempt reconnecting to the portal, or rescheduling the remainder of the session.
6. Scheduled sessions will be conducted only via face-to-face, online portal. Phone sessions are provided only in certain situations. Emails are to be used only for transmission of necessary administrative or clinical paperwork and not for sensitive information typically communicated in scheduled appointments between therapist and client. **Online sessions should be accessed via a secure internet connection rather than a public/free Wi-Fi to further protect privacy**
7. If a need for direct, emergent, and in-person service arises, it is my responsibility to contact Ms. Cannida by phone or email to arrange office visits or defer to a local provider in my area OR to contact my primary care physician if Ms. Cannida is unavailable.
8. Ms. Cannida and I will regularly assess the appropriateness of continuing to deliver services through the use of the technologies we have agreed upon today, and modify our plan as needed.

**Telemental Health Informed Consent**

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9. I understand that during the course of any online telemental health session, should Ms. Cannida have reason to believe I, or someone in my presence, is in physical danger, she will follow all ethical responsibilities of calling for a wellness check through my local police department or emergency mental health agency. This would be conducted under the guidelines required by law for Ms. Cannida to ensure every effort for my safety and that of others in my care.

10. All laws and professional standards that apply to in-person behavioral health services also apply to telemental health services. This document does not replace other agreements, contracts, or documentation of informed consent.

**Safety Measures:**

**Client Name (print only):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Client Name (print only):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_