

Telemental Health Informed Consent

L. Chris Cannida, LPC-S, CCTP * 425 E. 22nd St., Ste 103D, Owasso, OK 74055

Teletherapy is a convenient, and sometimes necessary, option for receiving the counseling and support we need. By using a virtual platform for healthcare providers that is HIPAA compliant to promote privacy, clients can often receive services that would otherwise be interrupted without this option. Please read the following and sign to acknowledge understanding of the benefits and risks of using Teletherapy options. If you have questions, feel free to contact me by phone.

Please read the remaining statements and provide signature as noted.

~ L. Chris Cannida, LPC has explained to me how the video conferencing technology will be used to affect our sessions and could be experienced by me differently than our face-to-face sessions.

~ I have also read and signed the Telemental Health Disclosure provided by Ms. Cannida.

~ I understand that my telehealth visits can be discontinued by either myself or Ms. Cannida as deemed appropriate, though not without appropriate referral for continued care.

~ I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes in the same way to which I have consented to any services provided in-person.

~ I have had a direct conversation with Ms. Cannida during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits, and practical alternatives have been discussed with me.

By signing this form, I verify that:

- I have read or had this form read and /or explained to me.
- I fully understand its contents.

Client Signature: _____ **Date:** ____/____/____