

Telehealth Informed Consent

I, _____, consent to telehealth psychological treatment with Dr. Irene Matiatos. Telehealth is delivery of clinical health care services via electronic media between a practitioner and a client who are located apart. I understand: 1) I have the right to withdraw consent at any time without affecting my right to future care and services. 2) I understand that there may be difficulties and risks associated with telehealth such as transmission failures; breaches of confidentiality by unauthorized persons; limited ability to respond to emergencies. If the internet fails, we may continue our session by phone or we may reschedule. 3) Neither party will record online sessions. Information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to without written permission, unless disclosure is permitted or required by law. 4) I understand that privacy laws that protect my health care information also apply to telehealth unless there is an exception to confidentiality such as mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; legal proceedings, etc. 5) I understand that if I am having suicidal or homicidal thoughts, am experiencing psychotic symptoms or having a mental health crisis that cannot be resolved remotely, telehealth services may not appropriate and a higher level of care may be required. 7) Missed sessions without 24-hour cancellation will be charged the full session fee (insurance or self-pay) unless otherwise negotiated. 8) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Contact: _____

Relationship: _____ Phone: _____

Signed _____ Date: _____