

# Consent for Telehealth Consultation

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I consent to engage in telehealth/teletherapy with my therapist at The Green Space. I understand that telehealth includes behavioral health services through interactive audio, video or electronic communication that occurs between a professional and the client. This may include any electronic communication in a HIPAA-compliant platform that includes the following: evaluation, diagnosis, and treatment, and distance counseling. I understand that I have the following rights with respect to telehealth:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. I have a right to confidentiality with telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy is confidential, however, the mandatory exceptions, outlined in privacy practices, to confidentiality still apply.
3. I understand that there are risks and consequences from telehealth, including, but not limited to: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. After consenting to telehealth services, I understand that these services may not offer similar outcomes to in-person therapy. I also understand if my therapist believes I would benefit from working with a provider who meets my specific needs, I will be referred to a professional who can provide such services in my area. Finally, I understand that while I may benefit from telehealth, results cannot be guaranteed or assured.
5. I understand telehealth is to provide services in a different location than the provider is located. I accept that teletherapy does not provide emergency services. During our first session, my therapist and I will discuss an emergency response plan\*\*. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.\*\*
6. I understand that I am responsible for providing the necessary telecommunications equipment and internet access for my sessions.
7. During telemedicine sessions I will arrange to meet in a location with sufficient lighting and privacy that is free from distractions for my telemedicine session. I will treat these sessions the same as if I were appearing in the office with my therapist.
8. I understand that I can withdraw my consent to telehealth by providing written notification.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.