**Consent for Telemental Health Consultation**

*Updated September 2020*

1. I understand that my therapist wishes me to engage in telemental health consultation (therapy sessions over video conferencing and/or telephone).

2. My therapist has explained to me how the web-based video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my therapist.

3. I understand that I will be responsible for creating a safe and confidential space during for my telemental health sessions. I should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear my interactions with my therapist during the session.

4. I understand that a telemental health consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I can receive services in a fashion that may be less prone to delays than in-person meetings. While I may benefit from telemental health, the results cannot be guaranteed or assured. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal or relational issues, there is no guarantee that all treatments will be effective for all clients.

5. I understand there are potential risks to this technology, including interruptions and technical difficulties such as: Internet connections and cloud services could cease working or become too  unstable to use; cloud-based service personnel, IT assistants, and malicious actors (“hackers”)  may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery; or computer or smartphone hardware can have sudden failures or run out of  power, or local power services can go out.

6. I understand that my therapist or I can discontinue the telemental health consult/visit at any time without prejudice, if it is felt that the videoconferencing connections are not adequate for the situation. My therapist and I agree to have a plan in place for managing technology failures, mental health crises, and medical emergencies

7. I understand that the laws that protect the confidentiality of my protected health information also apply to telemental health consultations. As such, I understand that the information disclosed by me during the course of my therapy is confidential. To maintain confidentiality, I will not share my telemental health appointment link with anyone unauthorized to attend the appointment.

8. I understand that my therapist follows security best practices and legal standards in order to protect my health care information, but I will also need to participate in maintaining my own security and privacy. I understand that there are inherent risks and consequences from telemental health, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information or treatment could be interrupted or accessed by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.

9. I understand that my psychotherapist will be using software platform [GoToMeeting] for the video sessions that is HIPAA complaint and follow the requirements by Washington law. In case of interruption of the transmission of my personal information or treatment, both the psychotherapist and client will make attempts to sign in again to the secure software platform used up to the end of the session duration; and the psychotherapist will make attempt to call the client back in case of a psychotherapy session via telephone up to the end of the session duration.

10. Although it is well validated by research, service delivery via telemental health is not a good fit for every person. My therapist will continuously assess if working via telemental health is appropriate for my care. If it is not appropriate, your therapist will help you find in-person providers with whom to continue services. Please discuss this with your therapist if you find the telemental health media so difficult to use that it distracts from the services being provided, if the

medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. Raising your

questions or concerns will not, by itself, result in termination of services. ​Bringing your concerns to your therapist is often a part of the process.

11. At our first session (or session that this form is first implemented for ongoing clients), we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. My therapist will attempt to reconnect using telephone and/or telemental health GoToMeeting platform. I can also reconnect with her at 425.248.9224. In case of emergency, and/or I cannot reach my therapist, I can call the Crisis Connection at 206-461-3222 or 911.

12. I have had a direct conversation with my provider, during which I have had the opportunity to ask questions with regards to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me.

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 telemental health.
* That I have been given ample opportunity to ask questions and that any questions have been answered.
* That I agree to the items contained in this document.

Signature of Client Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Therapist Date