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Consent for Telehealth Mental Health Treatment

Client Name:	DOB:	Today's Date:

1. I understand that I am requesting telehealth mental health services.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that telehealth services have potential benefits, including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE TELEHEALTH SERVICES

Telehealth Services differ from in-person services, as technology is involved, and distance may be a barrier to treatment or clinician.

By signing this document, I acknowledge:

1. Telehealth through Brittany Graniero-Rothman, LMHC, is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. The Telehealth utilized by Brittany Graniero-Rothman, LMHC, facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
3. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

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

I have read this document, and it has been explained to me. I understand and agree to the terms. My signature below means that I understand and agree with all the points above.

_____ _____ _____
Client Signature Date Print Name