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Glenn G. Stevenson, L.C.S.W.

Telehealth Informed Consent

The undersigned client or responsible party (parent, guardian, or conservator of a minor or dependent adult) consents to telehealth (e.g., internet or telephone therapy) with Glenn G. Stevenson, L.C.S.W., as part of psychotherapy treatment. The undersigned understands that “telehealth” includes health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. The undersigned understands that telehealth also involves the communication of his/her medical/mental health information, orally and visually, to health care practitioners.

The undersigned understands that he/she has the following rights with respect to telehealth:

1. The right to withhold or withdraw consent at any time without affecting his/her right to future treatment or of risking the loss or withdrawal of any program benefits to which he/she would otherwise be entitled;
2. The laws that protect the confidentiality of his/her medical information also apply to telehealth. As such, the information the undersigned discloses during the course of his/her therapy is confidential, although there are both mandatory and permissive exceptions to confidentiality. These include, but are not limited to, reporting suspected child, elder, or dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where he/she makes his/her mental or emotional state an issue in a legal proceeding;
3. The dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without the undersigned’s consent;
4. The right to access his/her medical information and copies of medical records according to California law.

The undersigned understands that there are risks of telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the psychotherapist, that the transmission of his/her medical information could be disrupted or distorted by technical failures; the transmission of his/her medical information could be interrupted by unauthorized persons; the electronic storage of his/her medical information could be accessed by unauthorized persons; and misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner (e.g., email).

The undersigned understands that telehealth services may not yield the same result or be as complete as face-to-face service. The undersigned also understands that if his/her psychotherapist believes the he/she would be better served by another form of psychotherapeutic service (e.g., face-to-face service), he/she will be referred to a psychotherapist in his/her area who can provide such service.

The undersigned understands that he/she may benefit from telehealth, but that results cannot be guaranteed. The benefits of telehealth may include, but are not limited to: a greater ability to express thoughts and emotions, the avoidance of transportation and travel difficulties, the reduction of time constraints, and/or a greater opportunity to prepare in advance for therapy sessions.

The undersigned attests that he/she has read and understood the information provided above, that he/she has discussed any questions with his/her psychotherapist, and that all of his/her questions have been answered to his/her satisfaction.

_____	_____	_____
Client Name	Client or Responsible Adult Signature	Date
_____	_____	
Signer’s Relationship to Client	Glenn G. Stevenson, LCSW	