

## **Informed Consent for Technology Assisted Mental Health Services (TAMHS)**

(This document is supplemental to any previously signed Consent Form)

TAMHS, or Telehealth, involves the use of electronic communications to enable therapists to provide services to individuals over the phone, via text or online, for example. Although this mode of delivering services has over 60 years of development behind it and continues to grow as a mode of delivering care, there are some barriers compared to sitting in the same room with a therapist. For some populations, this may not be an effective or appropriate means of therapy.

This form of health care helps to maintain a continuity of care when therapist and client cannot meet face to face, but there are some risks which include, but may not be limited to:

- Transmission may not be sufficient for appropriate treatment
- Delays in treatment could occur due to deficiencies or failures of equipment
- In rare instances, security protocols could fail, which may lead to a breach of privacy.
- Not choosing a private, secure location in which to participate in the TAMHS session.

Additional Point For Clients to Understand:

- I understand that Telehealth sessions are completely voluntary and that I can choose not to participate or answer questions at any time.
- I understand that none of these Telehealth sessions will be recorded or photographed by the therapist or by myself without separate written permission.
- I understand that the laws which protect privacy and confidentiality of client information also apply to these sessions and that no information obtained in the use of these sessions will be disclosed to other entities without my consent.
- I understand that TAMHS is done over a secure communication system which meets or surpasses HIPAA encryption standards, but that there is no absolute guarantee a security breach is not possible, and I freely accept the rare risk that this could affect confidentiality.
- I understand there are potential risks of using technology which may include interruptions, unauthorized access and technical difficulties.
- I understand that either myself or my therapist can discontinue TAMHS sessions if it seems that the use of technology assisted services is no longer effective or appropriate.
- I understand that my demographic information may be shared with other individuals for scheduling and billing purposes.
- I understand that while I may experience benefits from participation in TAMHS, no results can be guaranteed or assured.
- I understand that if there is an emergency during a Telehealth session, my therapist will call emergency services and my emergency contacts. Please provide at least one such contact here:

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- I understand that I may be asked to create a safety plan with my therapist in case of emergency.
- I understand that if the Telehealth connection is cut-off or dropped during the session, that I should have a phone line available and may contact my therapist.
- I understand there may be additional documentation required to begin TAMHS such as: a driver's license, a copy of a recent utility bill, or, if a client is a minor and a child of divorced parents, or if a child is living with someone other than parents, custody or guardianship papers which evidence the guardian's authority to seek treatment.

*I, \_\_\_\_\_ (print name ), understand the information provided above regarding TAMHS, or Telehealth ,and that I have the opportunity to discuss or ask questions about this consent with my therapist. I hereby give my informed consent for the use of TAMHS in the delivery of psychotherapy sessions with Jeff Twyman, LMFT.*

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Signature of Client (or person authorized to sign for client)

Date

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Relationship to client if you are the authorized signer

I have been offered a copy of the consent form: (Initial here) \_\_\_\_\_