



Telecommunication Informed Consent

In this electronic era, clients must be aware that there are risks to confidentiality and privacy whether clinical services are provided in-home, in-office, via phone, via Skype, etc.

Consultation, education, coaching and therapy may be delivered via e-mail, telephone or video conferencing. There are risks and benefits associated with communicating via electronic media. While we make every effort to protect communications, it is important that you read this agreement carefully in order to provide informed consent for services.

This agreement outlines possible risks and benefits. By signing this form, I understand that the term "telecommunication" may include consultation, education, and treatment that may consist of the transfer of medical and or personal data about myself or my family members, e-mails, telephone conversations and education using interactive audio, video, or electronic communications.

I understand that telecommunication/coaching/consultation also may involve the communication of my medical/mental health information, both verbally and visually. I understand that I have the following rights with respect to telecommunication:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- (2) The laws that protect the confidentiality of my medical information also may apply to telecommunication. As such, I understand that the information disclosed by me during the course of my therapy, coaching or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (3) I understand that there are risks and consequences from telecommunication, including, but not limited to the possibility, despite reasonable efforts on the part of my consultant, that:
 - (a) The transmission of my information could be disrupted or distorted by technical failures;
 - (b) 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) Telecommunication services are billed at the same hourly rate as regular office visits.

I have read and understand the information provided above. I have been provided the opportunity to discuss any questions with my clinician and or staff, and my questions have been answered to my satisfaction.

Printed Name of Client

Date

Signature of Client

Date