
LAKESIDE

COUNSELING ASSOCIATES, LLC

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Telemental Health Informed Consent

I _____, (name of client) hereby consent to participate in telemental health with _____, (name of provider) as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health.

1. Telehealth by Doxy.me is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and there are no passwords required to log in.
2. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
3. I understand that a telehealth has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand that there are risks and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and or breaches of confidentiality by unauthorized persons, and or limited ability to respond to emergencies.
5. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and or required by law.
6. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental emotional health as an issue is a legal proceeding)
7. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis, that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
8. I understand that during the telemental health sessions we could encounter technical difficulties, resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me on the cell number I provided you to discuss since we may have to re-schedule.
9. I understand that my therapist may need to contact the appropriate authorities in case of an emergency.

Emergency protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session.

In case of an emergency my location is: _____

Signature of client/parent/guardian

Date