

## Telemental Health Informed Consent

I, \_\_\_\_\_, hereby consent to participate in telemental health with, Pamela Kanehann, LMSW, 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 the therapist and the client who are located in two different locations.

I understand the following with respect to telemental health:

- 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.
- I understand that there are risks, benefits and consequences associated with telemental health including but not limited to disruption of transmission by technology failures, interruption and/or breaches in confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 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 per training 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.
- 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 in a legal proceeding).
- I understand that if I am having suicidal or homicidal thoughts, actively 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.

KANEHANN COUNSELING SERVICES  
PAMELA KANEHANN, LMSW  
31000 Telegraph Road, Suite 130  
Bingham Farms, MI 48025

- I understand that during a a telemental health session, 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 at (248) 770-5680.
- I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in the case of an emergency.

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of Client/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Therapist \_\_\_\_\_ Date \_\_\_\_\_

KANEHANN COUNSELING SERVICES  
PAMELA KANEHANN, LMSW  
31000 Telegraph Road, Suite 130  
Bingham Farms, MI 48025

