

Informed Consent for Telemental Health Services

This consent is an addendum to the informed Consent to Treatment that you have signed. It specifically addresses the specifics of Telemental Health Services. Please note that there are several text boxes for you to complete.

- There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for Telemental Health Services, and neither of us will record the session without permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and I will explain how to use it. That will be either Zoom or FaceTime.
- You will need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, please notify me in advance by phone or email.
- Technology problems may arise. We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

Best Telephone Contact Number:

- We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.

Emergency Contact:

Telephone:

Nearest Emergency Room:

- I will need to check with you on your location each session each time we meet.

Address where you expect to be when Telemental Sessions occur:

Adam Velluro MSW; LCSW
Counseling Services
1680 Iron Springs Rd. Suite 103 Prescott AZ, 86305

- As far as I am aware, these video sessions will be covered by your insurance, but you should confirm with your insurance company; if they are not reimbursed, you will be responsible for full payment.
- As your psychotherapist, I will be assessing the effectiveness of our video meetings for you. I may determine that, due to certain circumstances, Telemental Health is no longer appropriate and that we should conduct sessions by telephone or wait until we can resume in-person sessions.

I have read and understand the information given above. I accept the terms of this agreement and will notify Adam Velluro, MSW;LCSW in writing should I wish to terminate this agreement.

Client Signature:

Date:

Therapist Signature:

Date: