Telemental Health Informed Consent Form

I hereby consent to engaging in telemental health with the clinical staff at Columbia Treatment Center (CTC) as part of my evaluation, education, and treatment. I understand that "telemental health" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of mental health data, and education using interactive audio, video, or data communications. CTC provides secure private and HIPAA compliant teletherapy connection and complies with federal and state privacy laws (CTC uses the Zoom platform).

I understand that I have the following rights with respect to telemental health:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical and mental health information also apply to telemental health. As such, I understand that the information disclosed by me during the course of my therapy 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 self and/or an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

In case of emergency I have provided my accurate location information at the time of registration. I have also entered my contact information in case of a technological failure.

(3) I understand that there are risks and consequences from telemental health, including, but not limited to, the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my medical or mental health information could be disrupted or distorted by technical failures; the transmission of my medical or mental health information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons; and/or limited ability to respond to emergencies. CTC will notify all clients in the event of a data breach.

(4) I understand that I may benefit from telemental health, but that results cannot be guaranteed or assured.

I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

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Signature of patient or Legal Guardian/Date If signed by other than client indicate relationship

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Signature of Staff Member/Date