

Dr. Amanda Roberts – Clinical Psychologist and EMDR Specialist
Consent for Tele Mental Health

What It Is

Tele mental health is the delivery of mental health assessment and treatment remotely through the use of audio and visual technology over a secure teleconferencing platform. It is distinct from traditional face-to-face encounters because the provider and patient/client are calling into a shared teleconference from separate physical locations.

Benefits

When your provider deems that tele mental health may be clinically appropriate, it can be more convenient than commuting to the office for face-to-face visits.

Risks

The main risks of tele mental health occur when the technology (speakers, microphones, cameras, internet, and teleconferencing and electronic prescription software) malfunctions. These malfunctions can lead to breeches in security, impairment of communication between patient/client and provider, impairment in the provider's ability to assess the patient/client and ultimately can lead to errors in clinical decision-making. Remote visits may also make it more difficult for your provider to arrange for emergency care, if the provider believes you are experiencing a crisis. By signing this consent form you acknowledge these risks and do not hold the provider liable for any inconveniences or adverse outcomes that come as a result of these above risks.

Alternatives

Participation in tele mental health is voluntary. You may withdraw your consent at any time, including during a visit. If you withdraw your consent during a visit, you agree to continuing the visit over telephone and acknowledge that the lack of visual assessment may further impair your provider's ability to assess and treat you. If you are experiencing an emotional or medical emergency or are a danger to yourself or others, you should present to your local emergency room for urgent assessment and treatment.

By signing this consent:

- *You attest that you have read, understood and agree with the above risks, benefits and alternatives and agree to conducting your upcoming appointments remotely through tele mental health.*
- *You agree that if your provider believes you to be in a psychiatric or medical crisis, they may call 911 to arrange for your emergency care on your behalf.*
- *You agree not to record visits or allow others to listen to or see your visits without the acknowledgement and agreement of your provider.*
- *You acknowledge that your provider does not consent to being recorded and will not be recording your visit unless agreed upon in advance.*
- *You acknowledge that you are responsible for providing your own secure internet connection and personal device with camera, microphone and speakers and that these are functional at the time of your visit.*
- *You agree that all of the above has been explained to your satisfaction and that you have had the opportunity to ask or clarify any of the above points that were unclear to you.*

Patient

Date

Parent/Guardian (if patient is under 18)

Date