

Lorry G May, LISW-CP, LLC

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Informed Consent for Telehealth Services

Definition of Telehealth – Telehealth involves the use of electronic communications to enable mental health professionals to connect with individuals using interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data. I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions 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 toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Lorry G May, LISW-CP utilizes secure, encrypted audio/video transmission software to deliver telehealth.
4. I understand the alternatives to counseling through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my counselor, I may be directed to “face-to-face” psychotherapy.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.
6. I understand that certain insurance companies may not cover Telehealth services and it is my responsibility to confirm coverage with my insurance company before agreeing to participate in Telehealth services. I further understand that I will be responsible for any fees not covered by my insurance for Telehealth Services.
- 7, Notwithstanding the foregoing, I understand that the terms I agreed to regarding Patient Consent, Fee Agreement, Cancellation Policy, Permission to Contact, Informed Consent, HIPPA Consent, Privacy Policy and Patient Bill of Rights all still apply. Please see <https://www.lorrygmaylisw.com/clientforms1> copies of those agreements. Consent to the Use of

Telehealth therapist for I have read and understand the information provided above regarding telehealth, have discussed it with my , and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name _____

Signature _____

Date _____

Parent or Guardian _____

Signature _____

Date _____