

**Your Inner Pathways Counseling- Sandra Lehmann, MC, LPC**  
**Telehealth Informed Consent- Adult**

**What is telehealth?**

1. Telehealth is defined as the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration.
2. The term “Telehealth” does not include audio-only telephone calls, e-mail messages, or fax transmissions, however, Sandra Lehmann, MC, LPC is certified to provide telehealth and will be practicing under that certification to provide the best, most ethical care possible.
3. A Telehealth Provider is broadly defined as an individual who provides a health care service using telehealth, which includes, but is not limited to, psychologist, clinical social worker, mental health counselor, or marriage and family therapist, Telehealth provider also includes an individual licensed under a multi-state health care licensure compact of which Arizona is a member state or an individual who obtains an out-of-state telehealth registration.
4. Sessions will occur primarily through interactive video communication.
5. Services delivered by the therapist is required by law to take place within the State of Arizona with the exception of crisis consultations or sessions, and phone sessions may not be provided in international jurisdictions. If I am physically located outside of the state in which my therapist is licensed, I will immediately notify my therapist.

**What are my rights in regards to telehealth?**

1. I have the right to withhold or withdraw consent at any time.
2. The laws that protect the confidentiality of my personal information in a face-to-face counseling setting also apply to teletherapy. As such, the information disclosed by me during the course of my sessions is generally confidential. The dissemination of any personally identifiable images or information from the teletherapy interaction to other entities shall not occur without my written consent except in the case of mandatory or permissive exceptions to confidentiality. Such exceptions include, but are not limited to:
  - a. suspected child, elder, and/or dependent adult abuse;
  - b. expressed threat of violence towards an ascertainable victim;
  - c. expressed threat to harm or kill self; and
  - d. court subpoena.
3. I have a right to access my personal information and copies of case records in accordance with Federal and Arizona law.
4. I agree not to record phone sessions.

**When is telehealth not appropriate?**

1. Receiving telehealth services may not be advised if I have experienced any of the following:
  - recent suicide attempt(s), psychiatric hospitalization, or psychotic processing (last 3 years)
  - moderate to severe major depression or bipolar disorder symptoms
  - moderate to severe alcohol or drug abuse
  - severe eating disorders
  - repeated “acute” crises (e.g., occurring once a month or more frequently)
2. I agree that certain situations, including emergencies and mental health crises, are inappropriate for audio based counseling services. These include:
  - thoughts of hurting or killing myself or another person;
  - hallucinations;
  - being in a life threatening situation or emergency of any kind;
  - having uncontrollable emotional reactions; and/or
  - being under the influence of drugs or alcohol.

3. I understand that my teletherapy counselor may not be available for contact between scheduled sessions. If I am in an emergency or crisis situation (such as those listed above), I should immediately call 911 or a crisis-oriented health care facility in my immediate area. If I am experiencing thoughts of suicide without a clear commitment to safety, I am to contact one of the following resources:

- National Suicide Prevention Lifeline: Call 1-800-273-8255
- Crisis Text Line: Text HELP to 741741

### **Are there risks involved?**

1. There are risks and consequences associated with telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that:

- a. the transmission of my personal information could be disrupted or distorted by technical failures;
- b. the transmission of my personal information could be interrupted by unauthorized persons; and/or
- c. the electronic storage of my personal information could be accessed by unauthorized persons.

2. Telehealth may not be as complete as face-to-face services – additional research is needed on the long-term effects of counseling via teletherapy versus face-to-face treatment in order to better understand the benefits and limitations of telehealth treatment. If my counselor believes I would be better served by another form of intervention (e.g. face-to-face services) I will be referred to a mental health professional who can provide such services in my area.

3. While I may benefit from telehealth psychological counseling, results cannot be guaranteed or assured. There are potential risks and benefits associated with any form of counseling, and despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

### **What is the role of collaborators?**

My consent to teletherapy services includes the identification of one local (or on-site) collaborator. A collaborator is someone I know and trust and who would be a contact person that can be reached by the teletherapy provider if there is any concern for my physical or emotional wellbeing. Such collaborators may be called upon to contact me or to alert local authorities in an emergency situation. The collaborators that I identify for this purpose, with accompanying consent for the teletherapy counselors to contact this collaborator if indicated for my safety and wellbeing, are as follows:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email address: \_\_\_\_\_

If I choose to change the collaborator listed above, or if applicable contact information changes, I will inform my teletherapy counselor and request to sign a new informed consent form. If I show signs of deterioration that indicate I may be in danger, I grant Sandra Lehmann, MC, LPC permission to contact me by an alternate form of technology (such as email or text message) and/or to contact my collaborator(s) listed above to verify my wellbeing.

If I show indicators that I may be at serious risk for harm to self or others, I understand that Sandra Lehmann, MC, LPC may also contact the local authorities in the area to ensure my safety.

My signature below signifies my consent to engage in tele-counseling sessions with Sandra Lehmann, MC, LPC in accordance with the above expectations and guidelines. I have read and understand the information provided above. By signing this document I agree to follow these guidelines and expectations for tele-counseling services with Sandra Lehmann, MC, LPC.

Printed name of client: \_\_\_\_\_

Signature of client: \_\_\_\_\_ Date \_\_\_\_\_