



**Integrated  
Therapy  
Services**

**CONSENT FOR TELEMENTAL HEALTH SERVICES**

**I understand that:**

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The potential benefit of Telemental health services is that I will be able to continue to talk with my mental health provider from a remote setting of my choice and I will be able to participate in mental health services.
3. The potential risk of Telemental health services is that there could be a partial or complete failure of the equipment being used which could result in my provider's inability to complete the scheduled session.
4. There is no permanent video or voice recording kept of the Telemental health session.
5. All existing confidentiality protections apply.
6. All existing laws regarding client access to mental health information and copies of mental health records apply.
7. Dissemination of clients' identifiable images or information from the Telemental health interaction to researchers or other entities shall not occur without the consent of the client.
8. In order to have a Telemental health appointment, client must be physically located in the state of Washington.
9. Audio-only/phone Telemental health sessions will be billed to my insurance plan at the same rate as video Telemental health sessions and in-person sessions.

I, \_\_\_\_\_, consent to Telemental health services, including both video and audio-only sessions. My mental health provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the written information provided above.

\_\_\_\_\_  
Client Signature (or name if under age 13)      Date

\_\_\_\_\_  
Provider Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Supervisor Signature      Date

# **CONSENT FOR TELEMENTAL HEALTH SERVICES**

## **Telemental Health Services Information**

### **What are Telemental health services and when are they used?**

Telemental health services are used when mental health staff cannot be physically present with you to evaluate or provide therapy in person. Mental health staff may be present at another location and available to serve you through newly available technology. Instead of talking to someone on the phone at another location, Telemental health services use a video camera and a computer to send both voice and personal images between you and your mental health provider so not only can you talk to each other, but you can also see each other.

### **How do Telemental health services work?**

It is recommended that you identify a private room or confidential space that is free from distractions. You will access the session through the use of your electronic device that you have selected to use. The mental health provider will be in a private room but at another location using a secure internet connect and equipment that is HIPAA compliant. You will be able to log in through your secure portal with Theranest to access the link to enter the session.

### **How is it different than a regular session with a mental health provider?**

Other than you and your mental health provider not being in a room together, there is very little difference in the session. Your mental health provider will ask questions and document clinical information that you share with him/her, document any services that are provided, and ensure that documentation is included in your clinical record for future reference.

### **What happens if I choose not to consent to Telemental health services?**

If you choose not to consent to Telemental health services, we may be unable to provide you with convenient and readily available services and your services may be rescheduled for a later date when your provider is available to see clients at the physical office location.