

Steven Wampler, MS, LCMHC

Telemental Health Informed Consent

I/We _____, hereby consent to participate in telemental health with Steven Wampler, MS, LCMHC (NC), LPC (VA), CHMC (UT) as part of my/our counseling. I/we understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client(s) who are located in two different locations.

I/we understand the following with respect to telemental health:

- 1) I/we understand that I/we have the right to withdraw consent at any time without affecting my/our right to future care or services to which I would otherwise be entitled.
- 2) I/we understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I/we understand that there will be no recording of any of the online sessions by either party without written permission/consent. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is mandated/permitted by law (see professional disclosure statement/HIPAA form).
- 4) I/we understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; court order, etc.)
- 5) I/we understand that if I/we am/are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and that a higher level of care is required.
- 6) I/we understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, please end and restart the session. If we are unable to connect within a few minutes, please call me at 828.506.5145 to discuss since we may have to re-schedule.
- 7) I/we understand that my/therapist may need to contact my/our emergency contact and/or appropriate authorities in case of an emergency.

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Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person whom I may reach out to on your behalf in the event of a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of emergency, my location is:

and my emergency contact person's name, address, and phone is:

_____.

I have read the information provided above and discussed it with my counselor. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of Client(s)

Date

Source: Adapted from open-source NASW, 2020, online form. www.socialworkers.org