

# Telemental Health Consent Form

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## What is Telemental Health?

Telemental health includes all therapeutic services provided via electronic media when client and therapist are in separate locations. Services are usually delivered using videoconferencing software that allow synchronous audio and video communication. I typically use the videoconferencing site doxy.me

You will need access to high speed internet service and a device with a working camera, microphone, and speaker (such as a laptop, tablet or smart phone) in order to engage in telemental health work.

If you have any questions or concerns about the above tools, please talk with me so we can discuss.

## Benefits and Risks of Telemental Health

Benefits include but are not limited to:

Ability to have sessions when you are unable to come in to my office.

Ability to have sessions from the comfort of your home.

Opportunity to integrate what has been experienced in the therapy office into home environment.

Risks include but are not limited to:

Clients may be negatively impacted by technological failures (e.g. lapses in connectivity due to poor wi-fi, faulty hardware, or power interruptions which may happen at important therapeutic moments)

By using electronic communication over the internet, there is a greater chance for privacy breaches to happen (e.g. hacking of confidential information)

I may not be able to respond as directly or immediately in a crisis or emergency situation.

## Assessing Telemental Health's Fit For You

Telemental health is not necessarily a good fit for everyone. We will assess and discuss how it is (or is not) working for you, and make adjustments as needed. Adjustment may mean shifting to in-person therapy with me or another provider. It is important that we can discuss this – and it is valuable to our work together. I want you to know that raising questions, concerns, or criticisms will not, by itself, result in termination of services. You also have a right to stop receiving services by telemental health at any time without prejudice.

## Your Telemental Health Environment

I will be responsible on my end for creating and maintaining a confidential space to hold our sessions. And you will be responsible for creating a safe and confidential space on your end. I recommend the space cannot see or hear the content of our sessions. As best you can, try to minimize distractions and interruptions for the duration of our session. I am happy to help troubleshoot with you.

## Our Communication Plan & Emergency Plan

We will decide on a backup plan for communication disruptions. Typically a short phonecall or text is the best. I will ask you at the beginning of our session to confirm where you are calling from and whom I should contact in case of an emergency.

## Your Security and Privacy

Except where otherwise noted, I will use software and hardware that adheres to security best practices and applicable legal standards. Protecting your privacy and ensuring the security of your healthcare records.

You also play a key role in protecting and safeguarding your own confidentiality, security, and privacy. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with me, I recommend using only devices and accounts that are password protected.

## Recordings

Please do not record video or audio sessions without my consent. I will never record our sessions unless there is a special circumstance that we mutually consent to. Making recordings can quickly and easily compromise your privacy, and should be done only with great care and clear intention.

By signing below, you attest that you have read, understood, and agreed to the Telemental Health Consent Form, and that you give your consent to receive telemental health services.

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Client Signature

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Date

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Client Name Printed