2121 S. Hiawassee Road, Suite 4663, Orlando, FL 32835
Phone: 321.465.9411 | Fax: 1.321.406.1426 |
Email: kevin.hardwick@lmfti.com | Website: www.lmfti.com

INFORMED CONSENT FOR TELEHEALTH SERVICES

Participant's Name: _____ MR#: _____ DOB: _____

Participant's Email Address: **Participant's Phone Number:**

Introduction

Online psychotherapy, also known as telemental health services ("telehealth"), involves a therapist or counselor providing psychological counseling and support over the Internet through email, video conferencing, online chat, or phone calls. The information may be used for diagnosis, therapy, follow-up and/or education. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to mental health services by enabling the client to remain in his/her home or other remote site.
- Mental health services are more accessible and convenient—increasing mental health treatment outcomes.
- More efficient evaluation and continuity of mental health services.

Possible Risks:

There are potential risks associated with the use of telehealth services. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient to allow for appropriate decision-making by the counselor/therapist;
- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal information;

Consent:

- I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Lampein Marriage and Family Therapy Institute, Inc. -- hereafter, LMFTI -- providing chemical health and mental health (including family therapy) services to be via telehealth.

  Initials:

- I understand the laws that protect privacy and the confidentiality of medical information also apply to Tele-health. As that always, your insurance carrier will have access to your medical records for quality review/audit.

  Initials:

I understand that I will be responsible for any co-payments or co-insurances that apply to my telehealth visit.

Initials:

- I understand that I have the right to withhold or withdraw my consent to the use of telehealth services in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent to orally or in writing at any time by contacting LMFTI by phone at 321.465.9411 or fax at 321.406.1426. As long as this consent is in force (i.e., has not been revoked), LMFTI may provide health care services to me via telemedicine without the need for me to sign another consent form.

  Initials:

- I agree to the above limits of confidentiality and understand their meanings and ramifications.

  Initials:

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My/our signature(s) below affirms my/our informed consent for the following Telehealth services:

_____	_____
Participant's Signature:	Date:
_____	_____
Participant's Signature:	Date:
_____	_____
If a Minor, Signature of Participant's Legal Representative and Role/Relationship to Minor	Date:
_____	_____
Licensed Therapist's/Counselor's Signature:	Date:
_____	_____
Supervisor's Signature:	Date: