

Tele Health Informed Consent for (Cynthia N. Yellen-PLLC) CHATT, a counseling business.

I, _____, hereby consent to participate in tele health with,

Cynthia N. Yellen, PLLC, as part of my psychotherapy or SUPERVISION. I understand that

Tele health is the practice of delivering clinical mental health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

Please no alcoholic drinking during sessions

Please be dressed and sitting upright in an appropriate area for privacy if possible

We understand during this time that interruptions may occur in your environment and we are understanding as this occurs part of daily life

I understand the following with respect to tele health:

- 1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand that there are risks, benefits, and consequences associated with tele 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 understand that there will be no recording of any of the online sessions by either party. 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 permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to tele health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- 5) I understand that if I am 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 tele health services are not appropriate and a higher level of care is required.
- 6) I understand that during a tele health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call or text at 703-828-4267 since we may have to re-schedule. I will call you back on a secure number beginning with 703 and ending in 1975.

7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

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 who I may contact on your behalf in 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 an emergency, my location is: _____

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

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

Signature of client/parent/legal guardian _____

Date _____

Signature of therapist: *Cynthia N. Yellen, PLLC*

<https://chattcounseling.com>

703-828-4267 g mail phone or text in case of disconnect

Secure hipaa phone in case of disconnect will call from: 703-xxx-1975

lswcynthia@chattcounseling.com *hipaa secure email*

video web platforms hipaa secure: doxy.me or wecounsel or therapyportal