

Consent to engaging in telehealth with Northern Pines Mental Health Center (NPMHC) as a part of mental health service delivery.

I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, therapy, group, and skills. Telehealth will occur through interactive audio, video communication, and telephone.

I understand I have the following rights with respect to telehealth:

- 1) I have the right to withhold or remove consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
- 2) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 3) I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of NPMHC that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. In addition, I understand that telehealth-based services and care may not be as complete and in-person services. I understand that if my provider believes I would be better served by other interventions I will be referred to a mental health provider who can provide those services in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve or may have the potential to get worse.
- 4) I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of audio/video systems that are not 100% secure may have issues with Wi-Fi connectivity and confidentiality. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with open networks. Signing this form shows an awareness of connectivity and security issues that may occur.
- 5) I understand I have the right to access my personal information and copies of case notes. I have read and understand the information provided above. I have discussed these points with my provider, and all of my questions regarding the above matters have been answered to my approval.
- 6) By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I understand that an emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening



