



Clinical Supervision | Behavior Health Treatment & Services | Clinical Consultation

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CONSENT FOR TELEMENTAL HEALTH SERVICES

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I understand that:

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The potential benefit of Telemental health services is that I will be able to talk with my therapist from my personal local setting for an evaluation of my needs. When appropriate, I will be able to participate in psychotherapy services.
3. The potential risk of Telemental health services is that there could be a partial or complete failure of the equipment being used which could result in my therapist's inability to complete the evaluation and/or psychotherapy services.
4. Another potential risk of Telemental health services is that confidentiality and privacy are not 100 percent.
5. There is no permanent video or voice recording kept of the Telemental health service's session.
6. All existing confidentiality protections apply.
7. All existing laws regarding client access to mental health information and copies of mental health records apply.
8. Dissemination of client identifiable images or information from the Telemental health interaction to researchers or other entities shall not occur without the consent of the client.

I, _____, consent to Telemental health services in circumstances in which psychotherapy setting and location appropriate to my needs are not immediately available or accessible due to the safety of myself or the public. My therapist has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the written information provided above.

 Signature of Client* _____
 Date

 Signature of Responsible Adult** _____ _____
 Relationship to Client _____
 Date

 Signature of Witness/Interpreter *** _____
 Date

This Consent was interpreted in _____ for the client and/or responsible adult.

If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

Signator was given declined a copy of this Consent on _____ by _____.
Date Initials

This section must be completed by Staff if signed by Minor or if there is no signature by client and/or responsible adult.

- Client is willing to accept Telemental health services but unwilling to sign this Consent.
- I have completed or have caused to be completed the Consent of Minor form for any client between the ages of 12-18 signing above without parental/guardian consent and I affirm the client meets all eligibility criteria as noted on the Consent of Minor form to receive medication without legal representative consent.

 Signature of Staff _____
 Date

* A minor client receiving services under his/her own signature must have the signed Consent of Minor form on file in the clinical record.

** Responsible Adult = Guardian, Conservator, or Parent of minor when required.

*** Witness/Interpreter = Person who either witnessed the signing of the form (may be staff or other person) or the person who interpreted this form into another language for the client (must include the language it was interpreted into).

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Telemental Health Services Information

What are Telemental health services and when are they used?

Telemental health services are used when your therapist cannot be physically present with you to evaluate your mental health needs and facilitate therapy sessions. Your therapist may be present at another location and available to serve you through newly available technology. Instead of talking to someone on the phone at another location, Telemental health services use a video camera and computer to send both voice and personal images (pictures) between you and your therapist so not only can you talk to each other, but you can also see each other. This allows your therapist to make a better evaluation of your needs.

How do Telemental health services work?

You will be in a private room/location of your choice by yourself with less distraction as possible. You will need an electronic device (smartphone, tablet, PC, laptop) with a video camera and audio capabilities. Telemental health services will be provided by MW Telemedicine Platform using go.telepsychiatry.io.

Your therapist will also be in a private room but at another location with the same type of equipment. You will receive a link for each session you are scheduled via the email address you provided our office administrator. The link will come from our email address: confidential@abundantsolutionsllc.com. At the time of your session scheduled time, you will click the invitation link which will begin your session and will allow you and your therapist to connect, be able to see each other and talk together. Your therapy session will begin once you are completely connected with your therapist. When the session is over, you will close your window.

How is it different than a regular session with your therapist?

Other than you and your therapist not being in a room together, there is very little difference in the session. Your therapist will ask and document clinical information that you share with him/her, make any referrals that are requested/needed, document the service that is provided, and ensure that documentation is included in your clinical record for future reference.

What happens if I choose not to consent to Telemental health services?

If you choose not to consent to Telemental health services, we will be unable to provide you with convenient and readily available services and your services will be rescheduled for a later date or a referral for psychotherapy services with an available provider will be made.