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### TELEHEALTH INFORMED CONSENT FORM

I \_\_\_\_\_ hereby consent to participate in telemental health with Betty Deere, LCSW. I am choosing to facilitate my therapy sessions via the internet and a Zoom program. By choosing this option, I understand the following:

- 1) Any internet- based communication is not 100% guaranteed confidential/secure. There are risks, benefits, and consequences associated with telemental health. I agree that Betty Deere, LCSW should not be held responsible if any outside party gains access to an individual's online session.
- 2) I understand that Zoom is an internet-based communication tool allowing face-to-face video and voice dialogue. I understand that strict measures are in place by my therapist to ensure my Zoom online privacy.
- 3) These measures include: sessions will not/cannot be recorded by either party; according to the program being used by my therapist. For further privacy, I will be *Invited to join* each session, rather than joining a scheduled meeting time. Thereby, my therapist does not keep an online Zoom contact account list.
- 4) I understand that the privacy laws for protected health information (PHI) in office settings apply exactly the same to telemental health sessions (i.e. the mandatory reporting of child, elder abuse; danger to self or others; or mental/emotional health as issues in legal proceedings).
- 5) I understand my responsibility for confidentiality includes: no outside distractions; turn off cell phones and distance Alexa; maintain a private setting for session. I understand my therapist is in her home office location, observing the same above conditions.

**I understand the following Limitations of Telemental Health:**

- 6) I understand if a crisis or emergency situation needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call the National Suicide Hotline at 800-784-2433, or dial 911, or go to a hospital ER. I understand Telemental Health at that time is not appropriate, and a higher level of care is required.
  
- 7) I understand my therapist needs to know my location at the beginning of each session in case of an emergency. My emergency contact person is \_\_\_\_\_ PH \_\_\_\_\_ .
  
- 8) I understand Technical problems could occur, resulting in a disrupted session. In that case, my therapist will end and start another session. If the technical difficulties continue, my therapist will reschedule the meeting.

**Guidelines for using Zoom and Payment Procedures:**

I understand a Zoom session involves my obtaining a free Zoom App. At a prearranged time, my therapist will start a meeting via email, and invite me to join the meeting via email by clicking on "Join"; she then admits me to the session, which will last 40-45 minutes. I understand I am to send my prearranged payments via the Venmo app, *before* the session begins.

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

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

