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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: _____

