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Telemental Health Informed Consent

Telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. I understand the following with respect to telemental health.

Confidentiality

The privacy laws that protect the confidentiality in psychotherapy also apply to telemental health unless an exception to confidentiality applies.

There will be no recording of any of the online sessions by either party.

Risks

There are risks, benefits, and consequences associated with telemental health including but not limited to, technical difficulties resulting in session interruptions, breaches of confidentiality by unauthorized persons, and limited ability to respond to emergencies.

If we experience technical difficulties resulting in session interruptions, we will end and restart the session. If we are unable to reconnect, my therapist will call me and we will determine how to proceed.

My regular location for telemental health sessions is as follows:

Address: _____

At the beginning of each session I will let my therapist know of my location if it is different than my regular location.

Emergencies

If I experience a life threatening emergency during a telemental health session, I give my therapist permission to contact my emergency contact:

Name: _____

Address: _____

Phone: _____

If I am experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.

Client consent

I acknowledge that I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to and understand it. By signing this consent, I agree to undertake telemental health therapy with Lydia Mendoza, LCSW with full knowledge of the responsibilities and risks.

Client Signature

Date

Client Signature

Date