



**Resolve Strategies, LLC**  
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**www.resolvestrategiesinc.com**

### ***Consent for TeleMental Health Services***

**Introduction to TeleMental Health Services:**

TeleMental health services involve the use of electronic communications (telephone, written, text, email, video conference, etc.) to enable therapists to provide services to individuals who may otherwise not have adequate access to care. TMH may be used for services such as individual, couples, or family therapy, follow-ups, and trainings/education in a group setting. TMH is a relatively recent approach to delivering care and there are some limitations compared with seeing a therapist in person. These limitations can be addressed and are fairly minor depending the needs of the client and the care with which the technology (cell phone, computer, etc.) is utilized. It is important that both the client and the counselor be located in a private place during their sessions, and that the security of their technology be up-to-date with appropriate security protection.

***Consent for TMH Therapy***

***Client's Name: (Please Print)*** \_\_\_\_\_

***Email Address:*** \_\_\_\_\_

***Location/Address from which TMH Services will be Received:***

\_\_\_\_\_

***Phone Number and/or Serial # of mobile Device being used:*** \_\_\_\_\_

I understand that my mental health counselor is offering to engage in TMH services via electronic communication, and that this type of therapeutic session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

I understand that TMH has potential disadvantages and risks which include interruptions, unauthorized access, and technical difficulties.

- Information transmitted may not be sufficient (e.g. poor sound or resolution of images) to allow for appropriate treatment such as play therapy or EMDR.
- Delays in treatment could occur due to deficiencies or failures of the equipment
- In very rare instances, security protocols could fail, causing a breach of privacy of personal information. However, security measures will be taken to prevent a breach of privacy.

I understand that all the “Informed Consent” policies, presented and agreed to in my Initial Intake, will also apply to my TMH services. These include Confidentiality, Legal Issues, Electronic Communications, Emergencies, Appointments & Payments.

I understand that the client “Bill of Rights” and “Crisis Procedure” presented to me at the time of my Initial Intake will also apply to TMH services. I understand that Resolve Strategies’ TMH service is NOT an Emergency Service, and in the event of an emergency, I will use a phone to call 911.

**Emergency Plan:** My counselor and I have developed an Emergency plan for my file. I understand that in case of serious threat or plan to harm self or others during a TMH session, my counselor will have the police or an ambulance sent to my location and call the following Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to Client: \_\_\_\_\_

I understand that Telemental health services are completely voluntary and that I can choose not to do it or not to answer questions at any time. To maintain confidentiality, I will not share my TMH appointment link with anyone unauthorized to attend the appointment.

I understand that none of the TMH sessions will be recorded or photographed without my written permission. I understand that the laws that protect privacy and the confidentiality of client information also apply to TeleMental health, and that no information obtained in the use of TeleMental health, which identifies me will be disclosed to other entities without my consent.

I understand that I or my therapist may choose to discontinue a TMH session if it is felt that the video-conferencing or telephone connections are not adequate for the situation.

I understand that I will be expected to pay promptly for invoices emailed to me for the payment of each session. I understand that I can make TMH session payments on line with a credit card or mail a check to the PO Box address.

I have had a direct conversation with my counselor about this "Consent for TMH Services" form, and have had all my questions answered regarding the procedure. The information provided by the counselor included technical directions in obtaining remote access for the TMH session.

***I understand the information provided above regarding TeleMental health Services. I hereby give my informed consent for the use of TeleMental health in my care.***

Print or type full name of client: \_\_\_\_\_

Signature of client or person authorized to sign: \_\_\_\_\_

Relationship of signee to client: \_\_\_\_\_ Date signed: \_\_\_\_\_



Please call or email with any questions or concerns you may have.

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**For Office Use Only**

This Signed TMH Consent Form was received: By Whom: \_\_\_\_\_  
When: \_\_\_\_\_  
How: \_\_\_\_\_