

Informed Consent for Telehealth

Telehealth allows my therapist to diagnose, consult, treat, and educate using interactive audio, video, or data communication regarding my treatment. I hereby consent to participate in psychotherapy via telephone or the internet (hereinafter referred to as Telehealth) with Cami Lokken.

I am aware that laws protecting the confidentiality of my health information also apply to Telehealth and agree that nobody will record the session without prior permission from the other person. I understand that the Consent for Treatment that I agreed to for in-person therapy and any Releases of Information that I have already completed both apply to Telehealth treatment as well. I am aware that it is my responsibility to ensure that I am in a quiet location with privacy and free of distractions for my Telehealth session, and that I am in Indiana, where my therapist is licensed to practice. I agree to use a secure internet connection to access the session, rather than public/free Wi-Fi.

In addition, I understand that Telehealth treatment won't be right for every person in every situation. Thus, if my therapist believes I would be better served by in-person treatment, Telehealth may no longer be offered. In addition, Telehealth may not always be offered by this provider, and in-person sessions may become necessary to continue treatment with this therapist. I am aware that the results of Telehealth can't be guaranteed, and I have the right to withdraw my consent for Telehealth at any time.

In order to access videoconferencing sessions, I will be provided a link to access my therapist's Telehealth platform. While my therapist is familiar with the specific Telehealth platform used, she has no advanced technological training and is unlikely to be able to assist with problems my system may encounter in trying to connect to the platform. If I am unable to access the videoconferencing platform or encounter connection problems during the session, I understand that we will continue the session by phoning my therapist at 812-720-0904.

I further understand that there are risks unique to Telehealth including, but not limited to the possibility that our therapy sessions could be disrupted or distorted by technical failures or could be accessed by unauthorized people, despite using secure, HIPAA-compliant software. Also, since I will not be in my therapist's office during the session, there are limits to her available interventions in the event of a mental health crisis. If I need emergency services, I understand that my most effective action will be to call 911 or go to the nearest emergency room. I agree to locate my nearest emergency room prior to initiating a Teletherapy session.

I am aware that my insurance may reimburse Telehealth at a different rate than in-person therapy, or not at all. It is my responsibility to know my insurance benefits, if I intend to seek reimbursement for payment for Telehealth sessions. Videoconference or telephone sessions will be provided at the same rates as in-person sessions.

I have read and understand the information provided above, and my therapist has answered my questions about it to my satisfaction.

Signature (electronic signature acceptable)

Printed name

Date