Telehealth Informed Consent Form

I hereby consent to engage in teletherapy as a delivery method for my psychotherapy treatment with my therapist, Mitchel Dawes, at North Grove Counseling Associates. I understand that teletherapy includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information both orally and visually to my therapist, Mitch Dawes, via the telephone therapy service Doxy.me (a HIPAA compliant video platform service).

I understand that I have the following rights with respect to teletherapy:

1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled

2) The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child elder and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state in issue and legal proceeding.
   I also understand that dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my written consent

3) I understand that there are risks and consequences from telehealth therapy including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures, the transmission of my medical information could be interrupted by unauthorized persons (e.g. hacking), and/or the electronic storage of my medical information could be accessed by unauthorized persons. I also understand that misunderstandings between my therapist and me can more easily occur, especially when care is delivered in an asynchronous manner. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve and in some cases may even worsen

4) I understand that I may benefit from teletherapy but that results cannot be guaranteed or assured. The benefits of teletherapy may include but are not limited to: finding a greater ability to express thoughts and emotions, transportation and travel difficulties are avoided, time constraints are minimized, and there may be a greater opportunity to prepare in advance for therapy sessions.

5) I understand that I have a right to access my medical information and copies of my medical records in accordance with South Carolina law

6) I understand that my therapist is only licensed to provide services in South Carolina. I also understand that, per the ethical guidelines of the state of South Carolina, teletherapy services can ONLY be provided to South Carolina residents who are physically located in South Carolina at the time of services

7) I also understand that teletherapy is not always a covered service by my insurance plan and it is my responsibility to check with my individual plan to determine if teletherapy is authorized. I also understand that I ultimately will be responsible for all fees related to teletherapy that insurance does not cover

8) Teletherapy will be billed at the same rate of individual therapy services

I have read and understood the information provided above I have discussed it with my therapist and all of my questions have been answered to my satisfaction

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Printed name of client

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Signature of client   Date