

Telehealth Informed Consent

I, _____, consent to participate in telehealth sessions with Kathleen O. McCarthy, LICSW as part of my psychotherapy. I understand that telehealth is the practice of delivering clinical health services via video, phone or other electronic means between a clinician and a client who are in two different locations.

I understand and agree to the following with respect to telehealth sessions:

1. The privacy laws that protect the confidentiality of my protected health information (PHI) for in-person appointments also apply to telehealth. The same mandatory and permissive exceptions to confidentiality outlined in my therapist's *Office and Privacy Policies* also apply to telehealth services.
2. I understand I must be physically located in Massachusetts during sessions.
3. There will be no recording of any of the online sessions by either party.
4. I agree to inform my therapist of the address where I am located at the beginning of each session.
5. Technical difficulties may occur during a telehealth session. If we are unable to resolve these technical issues, we will try a different modality or reschedule the session.
6. It is unsafe for me to be driving during a telehealth session and I will be parked in a safe location if I need to be in the car during an appointment.
7. To protect my confidentiality, I agree to use a location that is private and free from distractions or intrusions during sessions.
8. If I am having suicidal or homicidal thoughts or experiencing a mental health crisis that cannot be adequately addressed remotely, it may be determined that telehealth sessions are not appropriate, and a higher level of care may be required.
9. My therapist may have limited ability to respond to an emergency and may need to contact my emergency contact and/or the appropriate authorities in case of an emergency. If I require emergency care, I understand I may call 911 or go to the nearest emergency room for immediate assistance.

Emergency Information:

Typical address for telehealth: (please inform therapist if you are not at this address)

Emergency contact person's name, address, and phone number:

I have read this Telehealth Informed Consent statement and understand its contents. I voluntarily consent to psychotherapy with Kathleen O. McCarthy, LICSW under the terms described above, and understand that I have the right to terminate therapy at any time.

Signature: _____ Date: _____

