

INFORMED CONSENT FOR TELEHEALTH SERVICES

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 the clinician listed below:

Client Name _____

Clinician: Marsha Hahn, LICSW

I have a right to confidentiality with telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy is consequently generally confidential. Electronic systems used will incorporate network and software security protocols to protect client confidentiality including their identification and any data generated during the electronic transmission process.

I understand that the same exceptions that apply to confidentiality in-person apply to telehealth including mandatory reporting of child, elder and dependent adult abuse and any threats of violence towards a reasonably identifiable person. I also understand that if I am a danger to myself, my therapist has the right to break confidentiality. Because of this, I agree, if possible, to provide my therapist with a contact name and number of someone within a few miles of the location of the telehealth session. I also understand that should I be in imminent danger, my therapist may need to notify the police or sheriff in my area. Further, I understand that the dissemination of any personally identifiable images or information from the telehealth interaction to any other entity shall not occur without my written consent. I have also been informed that the location of the session is determined by the location of the client during the actual session. Because of this, I understand that my therapist needs to know my location for all treatment sessions.

I have been informed that the therapist must be licensed in the state that corresponds with the client’s location. Since Marsha Hahn is currently licensed in the State of Washington, I must be somewhere within the State of Washington to receive treatment from her. Should I move to or temporarily vacation in another state, my therapist will be unable to provide treatment for me except in an emergency. If I move out of state permanently, Marsha Hahn can assist me in finding a new provider.

I understand that while many psychotherapy treatments have been proven effective for a variety of mental and relational disorders, there is no guarantee that all clients will be helped. Thus, I understand that while I may benefit from telehealth, results cannot be guaranteed or assured. 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. Despite using the most up-to-date encrypted methods, I accept the risk, though unlikely, that confidential materials could be accessed by unauthorized persons.

