

Telehealth Informed Consent

I, _____, consent to receive mental health treatment via telehealth with Weisser Wellness, LLC/Rachel Weisser, LCSW, to facilitate both my access to professional services and my treatment goals. I understand that telehealth services may include evaluation, assessment, consultation, treatment planning, as well as psychological coaching and counseling. Telehealth will occur primarily through HIPAA compliant interactive audio, video, telephone and/or other audio/visual communications. I understand I have the following rights with respect to telehealth:

- I have the right to withhold or remove consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand the information released by me during the course of my sessions is confidential. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- I understand that there are risks and consequences from telehealth including, but not limited to, the possibility, despite reasonable efforts on the part of Rachel Weisser/Weisser Wellness that the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. In addition, I understand that telehealth- based psychological services may not be as comprehensive as in-person services. I understand that if my Therapist/Counselor/Psychologist believes I would be best served by other interventions (i.e. in-person treatment), this will be discussed and offered as able or I will be referred to a psychologist or psychiatrist who can provide these services in my area.
- By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio, video and/or computer-based psychological or psychiatric services. If I am in crisis or I am experiencing a medical or psychiatric emergency, I should immediately call 911 or go to the nearest hospital or crisis facility.
- By signing this document, I agree to provide my physical location to Rachel Weisser, LCSW / Weisser Wellness, LLC if not at the address listed below.
- By signing this document, I understand that emergency situations may include thoughts about hurting or harming myself or others, having uncontrolled psychotic or manic symptoms, experiencing a life threatening or emergency situation, abusing drugs or alcohol or experiencing other concerns which may present a risk to my safety.
- By signing this document, I understand and agree that in the event of an emergency situation, Rachel Weisser, LCSW / Weisser Wellness may call my Emergency Contact (EC) for assistance to me. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

I have read and understand the above information and agree to participate in telehealth services with Rachel Weisser, LCSW/Weisser Wellness, LLC.

Client's Printed Name: _____

Client or Authorized Representative's Signature: _____ Date: _____

Client's Address (physical location during telehealth sessions): _____

Emergency Contact Name/Telephone Number: _____