



Telebehavioral Health Consent Form

Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video, or other electronic communications) between a behavioral health provider and a client/patient who are not in the same physical location.

By signing this form, I certify that:

1. I understand that my behavioral health provider and I wish to engage in a telehealth session.
2. My behavioral health provider has explained to me how the HIPAA compliant video conferencing app/program will be used.
3. I understand that a telebehavioral health session will not be the same as a direct client/therapist visit because I will not be in the same room as my behavioral health provider.
4. These services rely on technology, which allows for greater convenience in service delivery. However, I understand there are potential risks to this technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.
5. I understand that my behavioral health provider or I can discontinue the telebehavioral health session if it is felt that the videoconferencing connections are not adequate for the situation.
6. In the event the telemedicine session is interrupted due to a technological problem or equipment failure, alternative means of communication may be implemented, or an in-person appointment may be necessary.
7. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means, such as a phone call, if possible.
8. I understand that the same limitations of confidentiality apply. My provider is required by law to report to the authorities any situation involving potential harm to self or others.
9. If I am faced with an emergency situation that could result in harm to me or to another person, I agree to seek care immediately through the nearest hospital emergency department or by calling 911.
10. I have had the alternatives to a telebehavioral health session explained to me, and I am choosing to participate in a telebehavioral health session.
11. I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents, including the risks and benefits of telebehavioral health.



Patient Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

In the event the telebehavioral health session is interrupted due to a technological problem or equipment failure, a provider may use the following contact information to communicate with me:

Phone: _____ Email: _____