

# Sterling Behavioral Health Services

## Teletherapy and Telemedicine Informed Consent Form

- 1) “Teletherapy” and Telemedicine” includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications.
- 2) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- 3) The laws that protect the confidentiality of my medical information also apply to teletherapy and telemedicine. As such, I understand that the information disclosed by me during the course of my therapy or consultation or medication management is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the initial Sterling Behavioral Health Services (SBHS) paperwork which you reviewed and signed prior to your initial visit at SBHS.
- 4) I accept that teletherapy and telemedicine do not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
- 5) in the event our teletherapy or telemedicine session is not in my best interest my therapist or prescriber will explain that to me and suggest some alternative options better suited to my needs.
- 6) I understand there are risks and consequences from teletherapy and telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist or prescriber, that: the transmission of my information could be disrupted or distorted by technical failures; the transition of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be interrupted by unauthorized persons. I am responsible for information security on my computer.
- 7) I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and Internet access for my teletherapy or telemedicine sessions, (2) The information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy or telemedicine session.
- 8) I understand that well email and texting maybe used to communicate with my provider the confidentiality of emails and texts cannot be guaranteed.

I have read, understand and agree to the information provided above.

---

Client (or Guardian’s Signature

---

Date

---

Printed Name