Jersey Shore Wellness Studio

Redefine. Reinvent. Recharge.

I _____, (name of youth) hereby consent to participate in telemental health with Jersey Shore Wellness Studio as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

1) I understand that I have the right to withdraw consent at any time without affecting my right to future care,services, or program benefits to which I would otherwise be entitled.

2) I understand that there are risk and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

3) I **understand that there will be no recording of any of the online sessions by either party.** All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law. Applicable to ONLY IIC (Intensive In Community) Children's System of Care Families: Other providers within Children's System of Care may have access to session notes as our agency's electronic medical record is shared and used with those providers ie Mobile Response & Stabilization Services (MRSS) and Case Management Organizations (CMO).

4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).

5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.

6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at _____ to discuss since we may have to re-schedule.

7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities incase of an emergency.

8) I consent to Jersey Shore Wellness Studio billing all telehealth dates and times of service and understand that medical and other information is necessary to process claims associated with services delivered. I request payment of government benefits either to myself or to the third party who accepts assignment.

Emergency Protocols
I need to know your location in case of an emergency. You agree to inform me of the address where you are **at the beginning of each session**. I also need a contact person who I may contact on your behalf in an emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is: _____

and my emergency contact person's name, address, phone: _____

_____

I have read the information provided above and **discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.*

_____ _____ _____
Name of client/parent/legal guardian & relationship to youth Signature Date

_____ Therapist Name & Signature & Date

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