

**Cynthia Kozmary, MFT, LADC
Vegas Counseling Center, LLC**

Informed Consent for Telemental Health Services

Definition: Telemental Health refers to psychotherapy services that are interactive sessions between therapist and client via phone, email or other synchronous video conferencing.

Benefits and Potential Risks:

Benefit: Telemental Health is growing in popularity for several reasons: for those who may live in an area where access to services may be limited, during times of physical challenges that prohibit travel, including times of imposed or elective quarantine, and for many other reasons.

Risks: Security risk due to using electronic devices, unforeseen technical issues, in case of emergency the provider may not be able to arrange immediate care (however, I will require emergency contact info.

My Rights:

I understand that the laws that apply to confidentiality of my medical records also apply to telemental health.

I have the right to withdraw or withhold my consent to the use of telemental health during the course of my care.

I understand that the provider has the right to withdraw or withhold her consent for the use of telemedicine during the course of therapy.

I understand that the laws and regulations that apply to the practice of Marriage and Family therapy and Alcohol and Drug Counseling in the state of Nevada apply to Telemental Health.

I understand that the provider will not record any session or allow any other individual to listen to, view or record my telemental health session without my consent.

My Responsibilities:

I will not record any session without the written consent of the provider.

I will inform the provider if any other person can hear or see our sessions.

I have read the office policies of Cynthia Kozmary, MFT, LADC and understand that these policies apply to telemental health sessions.

I understand that I must establish a face-to-face therapeutic relationship with my therapist prior to commencing telemental health treatment. And must be seen in person at least once per year.

I understand that I must provide emergency contact information for persons in my location and give consent for them to be contacted in case of medical or mental health emergencies.