

Lake Psychological Services

115 Atrium Way
Suite 221
Columbia, South Carolina 29223

(803)699-8887
(803)699-8824 (fax)
LakePsych.com

Telehealth Informed Consent

I agree to participate in technology-based psychotherapy and/or consultation and other health-care related information exchanges with _____, a behavioral health clinician at Lake Psychological Services. This means that I authorize information related to my medical and behavioral health to be electronically transmitted in the form of images and data through an interactive video connection to and from the above-named practitioner. It may also mean that my private health information may be transmitted from my practitioner's mobile device to my own or from my device to that of my practitioner via an application ("app").

I understand that a variety of alternative methods of behavioral health care may be available to me, and that I may choose one or more of these at any time. My behavioral health care provider has explained that alternative to my satisfaction.

I represent that I am using my own equipment to communicate and not equipment owned by another, and specifically not using my employer's computer or network. I am aware that any information that I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

My behavioral health clinician has explained how the telehealth sessions are performed. My behavioral health clinician has explained how telehealth services will differ from in-person services, including but not limited to, emotional reactions that may be generated by the technology.

I understand that telehealth services have potential risks. For example, the technology could possibly fail before or during the therapy session. In that case, I understand that I can call Lake Psychological Services at (803)699-8887 and be connected telephonically with my clinician.

While security protocols are in place to protect the confidentiality of client information transmitted via electronic channels, I understand that in rare instances, security protocols could fail, causing a breach of privacy of personal health information.

I have been informed of any cost differences for services provided in-person versus through technology.

These are the names and telephone numbers of my local emergency contacts (including local family members, friends, physician, etc):

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Client Printed Name

Signature of Client or Legal Guardian

Date

