

Jennifer Furey, LPC, LLC ♦ Counseling and Psychotherapy

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Telehealth Informed Consent (Addendum to Informed Consent)

I understand the following with respect to Telemental health:

1. I understand that Telehealth 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.
2. 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 otherwise would be entitled.
3. I understand that there are risks 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.
4. I understand 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.
5. 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 as stated in the Informed Consent.
6. 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.
7. 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 **908-333-1033** to discuss since we may have to re-schedule.
8. I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
9. I understand that if there is a conflict in policies, this form supersedes the Informed Consent for Psychotherapy.

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 a life- threatening 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.

Client's Name (print)

Signature _____

Date _____

Client's Name (print)

Signature _____

Date _____

Psychotherapist's Name (print)

Signature _____

Date _____