

**Telehealth Treatment Contract & Telemedicine Informed Consent**

I hereby consent to engage in telemedicine ( video-based psychotherapy) with Tiffany Phillips, LMFT as a mode of my psychotherapy treatment. I understand that telemedicine includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical/mental health information both orally, and through email to other health care practitioners as authorized by me per a previously signed release of information form.

I understand that I have the following rights with respect to telemedicine:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- (2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (3) I understand that there are risks and consequences with telemedicine. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that video disruptions may occur and/or misunderstandings may more easily occur.
- 4) I understand that research shows that telehealth sessions may be just as effective as in person sessions, but that may not be true in my case. For further information on research please see: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/>
- 5) For safety reasons I understand that at the beginning of each session, I will be asked to disclose my current location. if I am in need of emergency mental health services, I agree to go to my local emergency room or contact The Tennessee Crisis Line at 1-855-CRISIS-1.

I have read and understand the information provided above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date