

Keweenaw Counseling Services PLLC
Kyle Duquette LMFT
Telehealth Treatment Consent

Information and Informed Consent for Telemental Health Treatment

Telemental health is live two-way audio and video electronic communications that allows therapists and clients to meet outside of a physical office setting.

Client Understanding

- I understand that telemental health services are completely voluntary and that I can withdraw this consent at any time.
- I agree not to make or allow audio, video, or photographic recordings of any portion of the sessions.
- I understand that the laws that protect privacy and confidentiality of client information also apply to telemental health, and that no information obtained in the use of telemental health that identifies me will be disclosed to any other entity without my consent.
- I understand that telemental health is performed over a secure communication system that is almost impossible for anyone else to access. I also understand that any internet-based communication is not %100 guaranteed to be secure.
- I agree that Keweenaw Counseling Services PLLC and Kyle Duquette LMFT will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system.
- I understand there are potential risks to this technology including interruptions, unauthorized access, and technical difficulties.
- I understand that Keweenaw Counseling Services PLLC, Kyle Duquette LMFT, or myself, may discontinue the telemental health sessions at any time if it is felt that the video technology is not adequate for the situation.
- I understand that if there is an emergency during a telemental health session that Kyle Duquette LMFT, or other representative of Keweenaw Counseling Services PLLC, may call emergency services and/or my emergency contact.
- I understand that this form is signed in addition to the Notice of Privacy Practices and Informed Consent and that all office policies and procedures apply to telemental health services.
- I understand that if the video conferencing connection drops while I am in session, I will have an additional phone line available to contact Kyle Duquette LMFT, or I will make plans ahead of time for re-contact.
- I understand that a “no show” fee will be charged if I miss an appointment or do not cancel within 24 hours of the scheduled appointment time. I understand that credit card or other form of payment will be established before the first session and that this method of payment will be used for missed appointments.

- I understand that Kyle Duquette LMFT will advise me about what telemental health platform to use and she will establish a video conference session.

Client Consent

Client Name: _____ Date: _____

Phone number: _____

Email: _____

Client Signature: _____