1ST CHOICE

TELEHEALTH INFORMED CONSENT FORM

Client Name: _____
Date of Birth: _____

WHAT IS TELEHEALTH?

Telehealth involves the use of electronic communications (such as video, phone, or secure messaging) to provide mental health services remotely.

PURPOSE OF TELEHEALTH

The purpose of telehealth is to improve access to care and provide convenient, timely mental health services without requiring in-person visits.

HOW TELEHEALTH WORKS

- Sessions may be conducted via secure video, phone, or messaging platforms
- You will need a reliable internet connection or phone service
- You are responsible for choosing a **private location** for your sessions

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BENEFITS OF TELEHEALTH

- Increased access to care
- Convenience and flexibility
- Reduced travel time

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120 N Bell Ave
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RISKS OF TELEHEALTH

- Technical issues (e.g., poor connection, interruptions)
- Potential, though minimized, risks to privacy
- Limitations in responding to emergencies

CONFIDENTIALITY & PRIVACY

- Your information is protected under federal and Oklahoma law
- We use **secure, encrypted systems** to protect your data
- Sessions will **not be recorded without your written consent**
- You are responsible for maintaining privacy on your end

Exceptions to confidentiality include:

- Risk of harm to yourself or others
- Suspected abuse or neglect
- Legal requirements (court orders, subpoenas)

EMERGENCY & CRISIS SITUATIONS

Telehealth is **not appropriate for emergencies**.

If you are in crisis:

- Call 911
- Go to the nearest emergency room
- Contact a local crisis line

You agree to provide your **current location and emergency contact** at the start of sessions when requested.

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YOUR RIGHTS

- You may **withdraw consent** for telehealth at any time without affecting your right to future care
- You may request **in-person services** when available
- You may ask questions about telehealth at any time

OKLAHOMA TELEHEALTH DISCLOSURES

- Telehealth services will be provided in accordance with Oklahoma laws and professional standards
- The provider will verify your identity and location at the time of service when appropriate
- Parental/guardian consent is required for minors unless otherwise permitted by law

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CLIENT CONSENT

By signing below, you acknowledge that:

- You have read and understand this Telehealth Informed Consent Form
- You understand the risks and benefits of telehealth services
- You agree to participate in telehealth services
- You have had the opportunity to ask questions and have received satisfactory answers

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Client Signature: _____ Date: _____

Parent/Guardian (if applicable): _____

Provider Name: _____

Provider Signature: _____ Date: _____

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