

Anthony S. Campolo LPC, LCADC, DBTC, ACS  
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Telemental health is the delivery of mental health services using interactive audio and visual electronic systems between a provider and a patient that are not in the same physical location.

**The potential benefits of telemental health are:**

- Decrease spread of illness.
- Improve access to mental health care during our National Emergency.

**The potential risks of telemental health may include, but are not limited to:**

- A telemental health will not be exactly the same and may not be as complete as a face-to-face service.
- There could be some technical problems (video quality, internet connection) that may affect the telemental health session and affect the decision-making capability of the provider.

**Alternatives to the use of telemental health:**

- Traditional face-to-face sessions (pending the physical office remains open)
- Or abstain from counseling services until the coronavirus threat is improved.

**I understand that I have the following rights with respect to telemental health:**

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my medical information also apply to telemental health session. As such, I understand that the information disclosed by me during the course of my treatment 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 also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.
- (4) I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychiatrist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- (5) I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.

### **Patient's Responsibilities**

- I will not record any telemental health sessions without written consent from my provider. I understand that my provider will not record any of our telemental health sessions without my written consent.
- I will inform my provider if any other person can hear or see any part of our session before the session begins. The provider will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I, not my provider, am responsible for the configuration of any electronic equipment used on my computer that is used for telemental health. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.
- I understand that if the telemental health session does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second telemental health session.
- I can change my mind and stop using telemental health at any time, including in the middle of a video visit. This will not make any difference to my right to ask for and receive health care.

**Patient Consent to The Use of Telemental health:**

**I hereby consent to engaging in Tele-mental health with Anthony S Campolo LPC, LCADC, DBTC, ACS as part of my mental health treatment. I understand that tele-mental health is the practice of health care delivery, diagnosis, consultation and treatment. I have read and understand the information provided above regarding telemental health.**

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**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**If client is a minor (under 14 years old) both parents must consent for treatment.**