

Hamner Psychological Services

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CONSENT TO PARTICIPATE IN TELEMENTAL HEALTH THERAPY SERVICES

Clients Name: _____ D.O.B. _____

1. I understand that my health care provider wishes me to engage in a telemental health therapy session(s).
2. My health care provider has explained to me how the video conferencing technology will be used to affect such a session and it will not be the same as direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemental health session if it is felt that the videoconferencing connections are not adequate for the situation or for any other reason.
4. I have had the alternatives to a telemental health session explained to me.
5. I understand the billing will occur from my practitioner.
6. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.
7. I understand that the program for video conferencing is HIPAA compliant and no images or information from these sessions will be disseminated without written consent.
8. I understand that I have the right to review documentation regarding any transmitted medical information.

By signing this form, I certify:

- * That I have read or had this form read and/or had this form explained to me.
- * That I fully understand its contents including the risks and benefits of the process.
- * That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient's/parent/guardian signature

Date

Email Address

Cell Phone Number

Witness signature

Date

Time

___ Verbal consent given

Date

Time

Witness Print/Signature