

Dr. Lisa Aimee Thompson CRC., LPC.
34 East Center Street, Suite 22/23
Fayetteville, AR 72701
479-935-5430

Informed Consent for Telemental Health Services

The following information is provided to clients who are receiving Telemental health therapy. This document covers rights, risks and benefits associated with receiving services, my policies and your authorization. Please read the document carefully and note any questions you would like to discuss.

- 1) I have the right to withhold or withdraw consent at any time.
- 2) The laws that protect the confidentiality of my medical information apply also to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are mandatory exceptions to confidentiality, including but not limited to reporting child, elder and dependent adult abuse and expressed threats of violence toward another person.
- 3) 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 psychotherapist, 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 (e. g. hacking); and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- 4) I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
- 5) I understand that per the ethical guidelines of the state of Arkansas, teletherapy is not always a covered service by my insurance plan and it is my responsibility to check with my individual plan to determine if teletherapy is authorized. The client will ultimately be responsible for all fees related to teletherapy that insurance does not cover.
- 6) Teletherapy will be billed at the same rate of individual and couples therapy services.
- 7) Teletherapy is a temporary service that is being offered to all clients of Lisa Thompson PhD. (MT therapy PLLC) due to extreme circumstances as a precautionary measure. Once these circumstances abate therapy sessions will return to in person services as previously scheduled.

I have read and understand the information provided above. I have discussed it with my psychotherapist and all of my questions have been addressed to my satisfaction.

_____ Signature of Client _____ Date

_____ Print Name

_____ Signature of Therapist _____ Date