

CLIENT INFORMED CONSENT FOR USE OF SKYPE
FOR TELEMENTAL HEALTH SERVICES

I understand that Telemental Health (use of telephone, Skype and similar technologies for therapy) is a new and developing area for provision of mental health services and that the discussion of issues around this form of service delivery are ongoing and not yet agreed upon by professional mental health organizations.

Having considered the pros and cons of utilizing Telemental health services, I am hereby requesting that I be allowed to access and utilize professional services offered by Dr. Beth Firestein via Skype, telephone, or similar technologies. I knowingly and voluntarily request these services and I am willing to accept any risks associated with the use of this technology in regards to privacy and other limitations related to services provided via technology (non face-to-face interactions).

I hereby provide my authorization and consent to participate in Telemental Health Services with Dr. Firestein and I further understand that Dr. Firestein will make every effort to ensure the confidentiality of services provided in this manner, but is unable to make guarantees that go beyond the limits of the technology utilized.

Printed Name _____ (Client)

Signature _____ (Client)

Date: _____

Therapist/Consultant: _____ Date: _____