TELEHEALTH DISCLOSURE AND CONSENT FOR MICHELE KIMBLE, M.ED, LMHC

I hereby consent to engage in telehealth (audio and video counseling and email) with MICHELE KIMBLE, LMHC, as an alternative mode of my psychotherapy treatment. I understand that telehealth includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telehealth may also involve the communication of my medical/mental health information, both orally and visually, to other healthcare providers.

I understand that I have the following rights with respect to telehealth:

• I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

• The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to the following: reporting child, dependent adult, and elder abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. See Disclosure Statement and HIPAA Notice of Privacy Practices forms, previously provided, for further details of confidentiality and other issues.

• I understand that there are risks and consequences from telehealth. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my counselor or psychotherapist, that the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information and the electronic storage of my medical information, could be interrupted or intercepted by unauthorized persons.

Print Name:_____

Signature:_____ Date:_____

January 2019