

2026 Telehealth Agreement

Telemental Health Informed Consent

I understand the following with respect to telemental health:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
2. I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
4. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
6. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call the office at 779-707-3717 to discuss since we may have to re-schedule.
7. I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency

RECORDING POLICY:

In accordance with the laws of the State of Illinois regarding the recording of interactions between parties in a private setting, any recording of sessions or interactions with employees of Uniquely You Behavioral Health is strictly prohibited. You agree not to record any sessions or interactions with employees of the Uniquely You Behavioral Health, and acknowledge that recording of private interactions without consent is illegal in the state of IL. Clients who record any part of a session or other interaction with employees of the practice without prior written consent may be subject to termination as clients of the practice. Furthermore, clients found in violation of this policy are required to promptly delete any recordings obtained without proper authorization and may be subject to legal action if they fail to do so. This policy is implemented to uphold the confidentiality and integrity of therapeutic sessions and to protect the rights and privacy of all parties involved. Your initials indicate receipt and understanding of this recording policy and your agreement to abide by its terms

Session Location

Telemental health therapy is designed to enhance access to mental health services by eliminating barriers to care. It is imperative to acknowledge that engaging in telemental health therapy within public spaces, while operating a vehicle, or participating in other activities is not the intended use.

In the interest of safety and confidentiality, the clinician retains the right to be aware of the client's location. If the client opts not to disclose their whereabouts or is situated in a non-confidential or unsafe location, which was not mutually agreed upon by the clinician and deemed appropriate for telemental health therapy, the clinician will terminate the session. In such cases, the client will incur charges equivalent to a late cancellation. This policy underscores our commitment to maintaining a secure and effective therapeutic environment.

Your therapist will need to know your location of sessions at the start of each session. By agreeing to teletherapy sessions, you are agreeing to inform the therapist of the address you are located at the start of each session. You are also agreeing to provide a contact person who the therapist may contact on your behalf in a life-threatening emergency only. This personal will only be contacted to go to your location or take you to the hospital in the event of an emergency.

Breach Code

Your therapist will discuss with you during your initial session a "breach code". This code will be used to inform the therapist that you are in a situation in which you are not comfortable discussing confidential information and session

may need to be ended.

Emergency Protocols

If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice

There are additional procedures that we need to have in place specific to Telehealth services. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telehealth services are not appropriate.

I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please enter this person's name and contact information below.

Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.