Tele-mental Health Informed Consent and Disclosure Agreement

Secure and private communication, as well as one's confidentiality, cannot be guaranteed when utilizing cell phones, smart phones or regular email systems. It is the client's right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technology to contact Jennifer Tardelli, LPC in this consent form shall be considered an implied consent to return messages to the client via the same non-secure technology, pending further clarification for the client. Please check in the spaces below, which modes of communication are permitted and which are not permitted. This consent may be altered at any time if and when the client's circumstances and/or preferences change.

In the event that the client chooses not to allow non-secure communication contact will be made via wire to wire telephone, wire to wire fax, or by mail.

Voice communication to client's cell/smart phone for:

Scheduling Appointments:	_____Permitted	_____Not Permitted
Appointment Reminders:	_____Permitted	_____Not Permitted
Contact Between Sessions:	_____Permitted	_____Not Permitted

Voice communication from clinician's cell/smart phone for:

Scheduling Appointments:	_____Permitted	_____Not Permitted
Appointment Reminders:	_____Permitted	_____Not Permitted
Contact Between Sessions:	_____Permitted	_____Not Permitted

Fax Communication to client's non-secure fax or E-fax for:

Scheduling Appointments:	_____Permitted	_____Not Permitted
Appointment Reminders:	_____Permitted	_____Not Permitted
Contact Between Sessions:	_____Permitted	_____Not Permitted

If permitted, please list the permitted fax number:_____

Text communication to client's cell/smart phone for:

Scheduling Appointments: _____Permitted   _____Not Permitted
Appointment Reminders: _____Permitted   _____Not Permitted
Contact Between Sessions: _____Permitted   _____Not Permitted

Text communication from clinician's cell/smart phone for:

Scheduling Appointments: _____Permitted   _____Not Permitted
Appointment Reminders: _____Permitted   _____Not Permitted
Contact Between Sessions: _____Permitted   _____Not Permitted

Contact via the client's email for:

Scheduling Appointments: _____Permitted   _____Not Permitted
Appointment Reminders: _____Permitted   _____Not Permitted
Contact Between Sessions: _____Permitted   _____Not Permitted

If permitted, please list the permitted email address:_____

Teleconferencing based communication to client's portal for:

Scheduling Appointments: _____Permitted   _____Not Permitted
Appointment Reminders: _____Permitted   _____Not Permitted
Contact Between Sessions: _____Permitted   _____Not Permitted

If permitted, please list the permitted portal site:_____

Statement of Authorization

I have read this Tele-mental Health Consent and Authorization Agreement. It has been adequately explained to me and I understand its content.

_____   _____
Print Client Name Here   Client Signature Here

_____   _____
Print Clinician Name Here   Clinician Signature

_____   _____
Date   Date