

# ***Lullwater Counseling***

Dayle Doreen Hosack, LMFT  
1244 Clairmont Road, #204  
Decatur, GA 30030  
404-818-6535

## *INFORMED CONSENT CHECKLIST FOR TELE-MENTAL HEALTH SERVICES*

Prior to starting video-conferencing services, please sign and return this informed consent form.

- Confidentiality still applies for tele-mental health services.
- We agree to use the video-conferencing platform selected for our virtual sessions, and the I will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must contact me in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- You are responsible for full payment at time of the session via Square, Venmo, PayPal, or Zelle unless other arrangements have been made.
- I may determine that due to certain circumstances, telemental health is no longer appropriate and that we should resume our sessions in-person.

Therapist Name / Signature:

Patient Name:

Signature of Patient/Patient's Legal Representative:

Date: