

Robert Benjamin, M.D. & Lynn Benjamin, M.Ed.
Briar House Professional Plaza
8302 Old York Road, Suite B-11
Elkins Park, PA 19027

Telemental Health Informed Consent

I, _____, hereby consent to participate in telemental health with,

Robert Benjamin, M.D. and/or Lynn Benjamin, M.Ed., as part of my psychiatric treatment and/or my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different places.

I understand:

- 1 I have the right to withdraw my consent at any time. Withdrawal will not affect my right to future care or services.
- 2 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 There will be no recording of any of the online or telephone sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed without written authorization, except where the disclosure is permitted and/or required by law.
- 4 Privacy laws that protect the confidentiality of my protected health information also apply to telemental health unless an exception to confidentiality applies (e.g. mandatory reporting of child, elder or vulnerable adult abuse, danger to self or others, an issue in a legal proceeding regarding mental or emotional health)
- 5 If I have suicidal or homicidal thoughts or I am actively experiencing psychotic symptoms or a mental health crisis, I may need a higher level of care than telemental health services.
- 6 I understand that during a telemental health session, we could encounter technical difficulties. If this occurs, call Dr. Benjamin at 215-643-6425 or Lynn Benjamin at 215-646-7932. We will either continue on the phone or reschedule.
- 7 I understand that my doctor or therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Protocols

Dr. Benjamin and Lynn Benjamin need to know your location at the beginning of each session. We also need a contact person whom we may contact on your behalf in a life-

threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location
is: _____

My emergency contact person's name, address, and phone are:

I have read the information provided above and discussed it with my doctor and/or therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of client/parent/ legal guardian

Date

Signature of Witness, Printed and Written

Date