

Brenda K. O'Reilly, Ph.D., Professional LLC
Licensed Clinical Psychologist
Board Certified Professional Christian Counselor

TELEHEALTH INFORMED CONSENT

I understand that "telehealth" includes consultation, treatment, transfer of medical data, emails, telephone conversations, and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/psychological information, both orally and visually.

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.

The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory exceptions to confidentiality, which are discussed in the Disclosure Statement.

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility that despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services. I also understand that if Dr. O'Reilly believes that I would be better served by another form of therapeutic services (e.g., face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychologist, my condition may not improve, and in some cases, may even worsen.

I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

I accept that telehealth does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself or someone else, I can call Colorado Crisis Services at 1-844-493-8255. This is a 24/7/365 support line for anyone affected by a mental health, substance use, or emotional crisis. Immediate support is available and connections to more resources are provided. I can also call the National Suicide Prevention Lifeline at 1-800-273-8255 for free 24-hour hotline support.

I understand that I am responsible for (1) providing a telephone with proper charge and reception, or providing a computer or smartphone with internet access if using a video platform, for my teletherapy sessions; (2) the information security on my phone or computer; and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy sessions.

I understand that Dr. O'Reilly has chosen to use a secure video platform that is HIPAA compliant, encrypted, and designed to protect my privacy.

I understand that while email may be used to communicate with Dr. O'Reilly, confidentiality of emails cannot be guaranteed.

I have read, understand, and agree to the information provided above. I hereby consent to engage in teletherapy with Dr. O'Reilly.

Signature _____ Date _____