



## CONSENT FOR TELEMENTAL HEALTH SERVICES FOR A MINOR

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

“Telemental health” means, “provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media.”

❖ You will need access to certain technological services and tools to engage in telemental health-based services for your child.

❖ There are risks to telemental health services that arise from the lack of in-person contact or presence, the distance between your child and their provider at the time of service, and the technological tools used to deliver services. The therapist will assess these potential benefits and risks, sometimes in collaboration with you.

❖ It is possible that receiving services by telemental health will turn out to be inappropriate for your child, and that the therapist may cease services by telemental health.

❖ The therapist follows best practices and legal standards in order to protect your health care information, but you will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should be difficult or impossible for people outside the space to see or hear the interactions with the therapist during the session. If you are unsure of how to do this, please ask the therapist for assistance.

❖ Gabriel Group Counseling does not give consent to record video or audio sessions. The therapist will not record video or audio sessions. Recordings can quickly and easily compromise privacy.

❖ You have a right to stop receiving services by telemental health at any time.

The mental health provider responsible, \_\_\_\_\_, has explained to me the general nature and extent of the risks involved in treatment via telemental health services. This consent can be revoked at any time by written notification. As the parent or legal guardian with the authority to consent on behalf of the minor child named above, I hereby give my consent for the minor to seek counseling and/or psychological assessment from the therapists associated with or employed by Gabriel Group Counseling, LLC by means of telemental health services.

Any questions related to this form or about telemental health therapy can be directed to Gabriel Group Counseling, LLC at 440-523-0370.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date