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Telehealth Informed Consent

I understand that my clinician at The Mindfulness Space Psychotherapy Services, P.L.L.C. wishes to connect with me via online (telehealth) in order to engage in consultation and or psychotherapy services.

Please note the following disclaimer regarding online/virtual therapy (Telehealth):

- While telehealth can be very beneficial, understand that there are risks, and consequences associated with Telehealth, 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.
- Be advised that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- Please be aware that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to Telehealth unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- Understand that if you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that Telehealth services are not appropriate and a higher level of care is required.
- Be aware that Telehealth requires a stable and secure internet connection that is free from disruptions. There is a possibility that during a Telehealth session, we could

encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please contact The Mindfulness Space via phone to discuss re-scheduling.

- Please understand that the therapist may need to contact your emergency contact and/or appropriate authorities in case of an emergency.

I understand how telehealth will be used while using the Healthie telehealth platform. I have read this document and understand the risks and benefits associated with using the telehealth platform for consultation and psychotherapy services and I hereby consent to participate in telehealth sessions under the conditions described in this document.

Signature/Date

Parent Signature/Date (Minor)
