

Leslie P. Cutler, M.A., LMHC, Psychotherapist

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Telemental Health Informed Consent Form

I, _____, hereby consent to engaging in telemental health with Leslie Proulx Cutler, LMHC for my psychotherapy treatment. I understand that “telemental health” includes the practice of mental health treatment using interactive audio, video or data communications. I understand that I have the following rights with respect to telemental health:

- I have the right to withhold or withdraw consent at any time.
- The same laws of confidentiality as with face to face sessions apply.
- I understand that there are risks and consequences from telemental health, including but not limited to, the possibility, despite reasonable efforts on the part of the therapist that the transmission could be disrupted or distorted my technical failures.
- I understand that if my therapist believes I would be better served by a different format of therapeutic services ie, face to face or work with another therapist, I will be referred.

Signature of client: _____

Date: _____