



JENNIFER TARDELLI, MA, LPC, NCC  
PSYCHOTHERAPY • WOMEN'S ISSUES

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### **Tele-mental Health Informed Consent and Disclosure Agreement**

Secure and private communication, as well as one's confidentiality, cannot be guaranteed when utilizing cell phones, smart phones, computers or regular email systems. It is the client's right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technology to contact Jennifer Tardelli, LPC in this consent form shall be considered an implied consent to return messages to the client via the same non-secure technology, pending further clarification for the client.

Please check in the spaces below which modes of communication are permitted. This consent may be altered at any time if and when the client's circumstances and/or preferences change.

In the event that the client chooses not to allow non-secure communication contact will be made via wire to wire telephone, wire to wire fax, or by mail.

	<b>Scheduling Appointments</b>	<b>Confirming Appointments</b>	<b>Communication before, during or following appointments</b>
<b>Voice/Text to client's cell phone/smart phone</b>			
<b>Voice/Text from clinician's cell phone/ smart phone</b>			
<b>Contact via client's email address from therapist's email address</b>			
<b>Teleconferencing communication</b>			

**Statement of Authorization**

I have read this Tele-mental Health Consent and Authorization Agreement. It has been adequately explained to me and I understand its content.

\_\_\_\_\_  
Printed Client Name

\_\_\_\_\_  
Print Clinician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date