



# RESTORATIVE CLINIC

## Consent form for psychotherapy

Yes, I consent to avail tele-therapy via telemedicine. I know the potential risks, consequences and benefits of tele-therapy.

### Note:

- I understand that “teletherapy” includes consultation, treatment, health education and therapy. The modes utilized can be text (emails, messages), audio (telephone conversations) and video (conferencing).
- The ethics and laws that protect the confidentiality of medical information also apply to information shared during teletherapy.
- Presence of patient is highly advisable during the tele-therapy. This is as per the Telemedicine Practice Guidelines-2020 and Mental Healthcare Act, 2017
- I accept that teletherapy does not provide emergency services. If symptoms worsen or become severe and/or side effects of the medication and/or emergency care is required, I will proceed to the nearest hospital emergency room for in-person consultation
- The session reporting proforma will be kept in my file at the institute/hospital/clinic
- Neither of the party (patient or psychiatrist) will not do audio or video recording, without prior explicit consent
- The Telemedicine Practice Guidelines have stated (Code 4.1.1.2) that the patient will be responsible for the accuracy of the information shared with the doctor
- Homework assignment and compliance is an integral part of the teletherapy and I will do my best to adhere to it

Patient's Signature:..... Date:.....

Family member's Signature .....Date.....  
(if applicable)