**Jen Mele LCSW**

[ask@jennifermele.com](mailto:ask@jennifermele.com)

[www.JenniferMele.com](http://www.JenniferMele.com)

609.389.9313

* There are potential benefits and risks of video-conferencing that differ from in person sessions.
* I will be using a confidential [zoom.us](http://zoom.us) account with privacy settings that allow you to enter only after I have approved and admitted you.
* My private link to your [zoom.us](http://zoom.us) session is only given to clients receiving services from Jennifer Mele LLC.
* Please do not share this link with anyone else to protect your privacy and the privacy of others.
* Please note that by agreeing to this consent form, you are aware that while I use a confidential system, we live in a world where any system can be hacked.
* Confidentiality, however, is of utmost importance and no one will record any session without permission from all involved.
* Please be in a quiet, private space that is free from distractions.
* If you are attending a group or workshop virtually, please use headphones if there is someone in your room or near vicinity who could overhear other members shares.
* Please make sure that your screen is not visible to anyone else if you are in a confidential group or workshop. This is to preserve the confidentiality & privacy of all members and to keep all spaces safe.
* Currently, under my best understanding, it has been communicated that all telehealth sessions will receive parity to an in person session (equal reimbursement) and are required to be paid by your health insurance company.
* However, it is your responsibility to confirm this with your health insurance company in the chance that there is a denial.
* If your insurance company does not reimburse, you are responsible for the full payment.
* If you have any questions or concerns, please let me know and we can discuss further.

Thank you for your attention to this!

Warmly,

Jen Mele LCSW

**Please complete, sign and return:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name) have received and read the informed consent for telehealth services.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_