Informed Consent - Counseling via Telehealth
Addendum to Consent for Treatment Statement

The US Centers for Disease Control and Prevention says telehealth is "the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration." The use of telehealth by mental health counselors enables them to connect remotely with individuals using live interactive video and audio communications.

I understand that I have the following rights and obligations with respect to receive mental health counseling via telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. This consent is an addendum to the standard informed consent you, the client, are required to sign at the beginning of care sessions. No sessions will be recorded without the permission of the client or the provider at any time.

2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth during my care at any time, without affecting my right to future care or treatment. Also, my mental health counselor can determine at any time that due to certain circumstances telehealth is no longer appropriate and recommend in-person sessions.

3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite the efforts on the part of the mental health counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons.

4. I understand that I am responsible to communicate through an electronic device that I know is safe, i.e., wherein confidentiality can be ensured. I understand it is important to use a secure telephone or internet connection rather than a public/free Wi-Fi. I understand my responsibility to determine who has access to my electronic devices and electronic information from my location. This would include family members, co-workers, supervisors and friends and whether or not confidentiality from your work or personal devices may be compromised. I understand that it is my responsibility to fully exit all online sessions from my devices at the conclusion of each session.

5. I understand that it is my responsibility to ensure the privacy and confidentiality of my space without distractions while utilizing telehealth. I agree to show my mental health counselor this space at the beginning of each session to ensure confidentiality. I also agree to utilize ear/headphones during our sessions, when possible. I understand that all telehealth sessions will be conducted by my mental health counselor from the privacy of an office.

6. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for telehealth mental health counseling services. If I am in crisis or in an emergency, I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility near me.

Payment for Telehealth Services:
Payment for care sessions will be made in a timely manner with the agreed to method of payment.

Patient Consent to the Use of Telehealth:
I have read and understand the information provided above regarding telehealth. *I have discussed it with my mental health counselor, and all my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to treatment and will participate in the telehealth therapy sessions under the terms described above.*

By signing below, I acknowledge the unique aspects of Mental Health Counseling via Telehealth after having read, understood and agree to the terms of this document.

_____ _____

Client Signature (Client's Parent/Guardian if under 18 yrs. old) ***Date***