

Consent Form for Telehealth

Telehealth is defined as any therapeutic intervention provided by a clinician, to a client who is geographically remote from the clinician, that is facilitated by the use of technology. Telehealth services must maintain the rules and laws of confidentiality, and therefore, use a HIPAA compliant platform. Zoom for Healthcare will be the platform used in sessions.

There are benefits and risks with telehealth. Regarding the benefits, research has indicated that telehealth is as effective as in-person therapy to treat many mental health conditions. The risks of telehealth may include the inability of clients to secure a safe and private space in their home or office. There may also be WiFi or other technological issues and failure which can disrupt the therapeutic process of a session. Therefore, in the event that video sessions are not working, the option can be to switch to telephone therapy for the remainder of the session. There is no guarantee that electronic communications will not be compromised for a session and may need to be rescheduled to another date and time.

Please be aware that written notes of treatment will be kept, just as if you were doing in-person therapy. Fees will be charged for video and telephonic means and will be at the same rate as those for face-to-face sessions.

Although most health insurance are covering telehealth at present, some are not or may change with time. Please contact your insurance to determine if your policy will cover the cost of telehealth sessions.

An emergency contact person with telephone number is required. In the event of a health or mental health emergency, a signed Release of Information form with your emergency contact person's information will be activated so that you can receive the local attention and care that is needed. Referral to a hospital for evaluation and treatment may be essential. Only the most pertinent information for immediate care will be given.

Please be aware that informed consent is ongoing and will be reassessed throughout the counseling relationship. If at any time you feel that telehealth is no longer appropriate, you can ask to be referred to an in-person therapist. Likewise, if the therapist determines that telehealth is no longer a suitable means for therapy, a referral will be made to an in-person therapist. Please continue to discuss all concerns and questions that arise with your provider.

I, _____, have read and understand the information provided above regarding telehealth, have discussed it with my provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to the use of telehealth in my care.

Client's signature: _____

Date: _____

Therapist's signature: _____

Date: _____