

Client Information and Informed Consent for Telehealth Counseling and Therapy

Telehealth services involve the use of electronic communications (telephone, written, text, email, video conference, etc.) to enable therapists to provide services to individuals who may otherwise not have adequate access to care. Telehealth may be used for therapy, follow-up contacts, and consultations.

It is important that both the client and the therapist be located in a private place during their sessions, and that the security of their technology be up-to-date with appropriate security protection.

In agreeing to participate in telehealth counseling, I, the client, understand the following:

- I understand that telehealth services are completely voluntary. I can withdraw my consent at any time and either commence traditional in-person therapy or terminate the counseling relationship.
- I understand that none of the telehealth sessions will be recorded or photographed without my written permission.
- I understand that the laws that protect privacy and the confidentiality of client information also apply to telehealth, and that no information obtained in the use of telehealth that identifies me will be disclosed to other entities without my consent.
- I understand that because this is a technologically-based method it may sometimes be necessary for a technician to assist with the equipment. Such technicians will keep any information confidential.
- I understand that telehealth is performed over a secure communication system that is almost impossible for anyone else to access, but because there is still a possibility of a breach, I accept the very rare risk that this could affect confidentiality.
- My therapist has explained to me how video conferencing technology and telephone procedures will be used. I understand that any telehealth sessions will not be exactly the same as an in-person session due to the fact that I will not be in the same room as my therapist.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that I or my therapist may discontinue the telehealth sessions at any time if it is felt that the videoconferencing, text, email, or telephone connections are not adequate for the situation.
- I understand that I will be required to be in a safe and private place with no distractions, at the appointment time and for the duration of the counseling session.

Telehealth Safety Plan Addendum

Client Name (first and last): _____

Physical Address of Client during telehealth sessions:

Street: _____

City: _____ County: _____ State: _____ Zip: _____

(It is required that the client announce their location at each session when using videoconferencing, and it may be required that the client be at that same location for each session for the purposes of insurance payments.)

Client's Phone Number: _____ Alternative Phone Number: _____

Emergency Contact (1): _____ Relationship: _____

Phone Number: _____ City/State: _____

Emergency Contact (2): _____ Relationship: _____

Phone Number: _____ City/State: _____

- I have provided two emergency contact numbers and the number to the local hospital or other facility as deemed appropriate.
- If there is an emergency during a session, my therapist has permission to contact my emergency contacts and the local hospital.
- I have provided a working telephone number to reach me if the video conferencing connection fails during a session.
- My therapist has provided me with a contact number (848-404-9111). If connections fail and my counselor does not call me back within 5 minutes, then I will call my therapist.

Signatures:

Client

Date

Therapist

Date

_____ I have signed this form electronically and sent it by email to the therapist