**Telehealth Informed Consent Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to engage in teletherapy services provided by my counselor at Heal and Hope Counseling Services; and I understand that “teletherapy” may include consultation, treatment, transfer of medical data, email (encrypted, G-Suite), text (encrypted), telephone (not facetime), educational, video and/or data communication. I understand that telehealth also involves the communication of my medical and mental information orally and/or visually. I understand that with this forum, then the counselor may not have a recorded version of each session unless I consent to do this which may limit his or her records for my care, should I want a copy of my medical records-since these forums of counseling are of a nature which inhibits its record unless recorded. I have the right to deny the recording of my telehealth care and hold the counselor and agency blameless.

I understand that there is a policy and procedure document posted for me to read and am advised to read it fully since it includes all rights, risks, and advisories for my counselor and self. A brief list of my rights is as following with respect to telehealth:

I have the right to withhold my consent at any time without affecting my right for future care or treatment by this means or with other forums.

The Laws which protect the confidentiality of my medical information also apply to teletherapy. To better ensure this is protected, the agency is advising that I use an email from G-Suite, and to encrypt my phone voice and texts. With these adjuncts then my protected information is better protected. I understand that the agency is advising all counselor contractors to use a HIPAA regulated telehealth site for the video therapy which is highly protected. It is my responsibility to ask if they are using a protected platform for telehealth since the counselors are contracted and not employees. My confidentiality of what I choose to share in counseling is therefore safe however; the mandates and permissive exceptions (duty to warn, or court order) may be disclosed to protect me, others, or to comply with the court (with the least information as possible provided which meets the court’s order) and that the counselor will disclose to me what they intend to say.

I understand there are many benefits and some potential risks of telehealth forums which differ from face to face, in office sessions. My counselor or myself have chosen to use this forum due to reasons that make this forum a choice for us at this time. I understand that there will need to be measures in place to make this alternative a successful forum for me and make it as beneficial in my care; and we will need to coordinate these measures. A few examples of these risks are:

* Internet or transmission may be interrupted (technical issues)
* There is a possibility of hacking
* Others in my home may be able to listen from the other side of the locked door
* Distractions will need to be controlled

A full list is in the policy and procedure document for me to read.

In the event there are technical issues, I will immediately call my therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to complete my counseling via phone or to reschedule.

I am responsible to call the office and speak with Steve, phone- 423-790-4906 to arrange my sessions, or use the portal on TherapyNotes, or contact my counselor to schedule or to cancel my appointments; and to advise that our session will be via telehealth so that they can know to meet with me online. They are to send me the link to their platform so that we can connect easily. My counselor will explain how I can use their platform.

I understand that Video sessions will need me to be dressed as if I am going into the office, modest and completely clothed (not pajamas unless I have a robe on). I will need to sit 4-6 inches from the microphone, unless the counselor needs to see my full person; and that my face to shoulders will need to be visible for my counselor to assess visual information as to my wellbeing. My counselor will also be dressed appropriately and professionally for our session.

If my counselor or I believe that telehealth is not as helpful for my care, then we can discuss options available with my counselor and the agency, or she/he will refer me to another counselor for my continued care; should they not meet in their offices at this time.

I understand that some insurances do not cover telehealth counseling; and that I am responsible to check with my insurance carrier to ensure that they will cover this prior to my first telehealth session. Patients are financially responsible for any uncovered services, of which I also agree to be responsible for any unpaid balance or billing.

I accept that teletherapy does not provide emergency services. Identified below is my primary emergency contact and closes ER to my location>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If I am experiencing an emergency situation , I understand that I can call 911 or proceed to the nearest hospital emergency room for assessment and assistance. If I am suicidal then I can call the National suicide Prevention Lifeline at: 1-800-273-8255 which is a 24 hour line.

Both patient/client, and counselor agree to the following guidelines for telehealth sessions:

1. A laptop, computer, webcam, or phone which can connect to the internet will be used. (I need a firewall and malware protection on my device)
2. A quiet, private space=free of distractions (including phone, other devices, people, children, or other intrusions).
3. A secure internet connection (hardwire and not WIFI)
4. If not an adult, then my guardian or parent will need to provide permission for me to participate in telehealth privately, within the same physical location; but not in the same rooms with my parent or guardian unless the counselor requests this.
5. Both parties will be on time. Cancellations must be done 24 hours prior to a scheduled session, or it will be counted as a missed session with penalty and charge for this missed session will occur.
6. Patient is to contact their counselor to report a need for a cancellation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or to modify their appointment if the patient has a conflict, and/or the counselor may contact client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to cancel or to modify their appointment should a conflict exist. With home session via telehealth, these issues should be rare in occurrence due to the safety of home and the convenience but may occur.

I have read and understand this informed consent authorization form and will read the more inclusive policy and procedure provided by the agency to ensure compliance as I participate with telehealth services.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_