



Consent for Telehealth Consultation

1. I understand the my counselor and I will conduct our sessions via telehealth consultations
2. My counselor explained to me how the video conferencing technology that will be used for such consultations will not be the same as a direct client/provider visit because I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand that there are potential risks to this technology including interruptions, unauthorized access and technical difficulties. I understand the my counselor or I may discontinue the telehealth consult if it is felt that the video conferencing connections are not adequate for the situation.
5. I have had a direct conversation with my counselor, during which I had the opportunity to ask question in regard to this process. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language that I understand.

Consent to Use Telehealth

By signing this document, I acknowledge that:

1. Telehealth is NOT an emergency service and in the event of an emergency, I will use the phone to dial 911.
2. Though my provider and I may be in direct virtual contact through the Telehealth Service, the counselor does not provide any medical or healthcare services or advice including but not limited to emergency or urgent medical services.
3. The Telehealth Services facilitates video conferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in Telehealth or that such information is current, accurate or up-to-date. I will not rely on my counselor to have any of this information in the Telehealth Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone not authorized to attend the appointment.

By signing, I certify:

- That I have read or had this form read and/or had this form explained to me;
- That I fully understand its contents including the risks and benefits of the procedure(s);
- That I have been given ample opportunity to ask questions and that they have been answered to my satisfaction.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____