



Consent for Telehealth Consultation

I hereby consent to engaging in telehealth therapy and consultation at Restoration Counseling Services. I understand that “telehealth” includes the practice of mental health care delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psychoeducation using interactive audio, video, or data communications.

Risks and Benefits:

- I understand that telehealth consultation has many potential benefits, including easier access to care, the convenience of meeting from a location of my choosing, and the ability to continue care and treatment when in-person sessions are not possible.
- I understand there are also potential risks to using this technology, including interruptions, unauthorized access, and technical difficulties. I understand that I or my therapist can discontinue a telehealth session if it is felt the technology connection is not adequate for the situation.
- I understand that telehealth will not be the same as a direct in-person session due to the fact that I will not be in the same room as my therapist. I understand that research shows individual telehealth therapy to be comparable to in-person care in most cases. I also understand that research is limited on the effectiveness of telehealth therapy for couples and families and, while it may be effective and beneficial, it is considered to be experimental.

Technology Failure:

- If the telehealth connection is disrupted or disconnected during a session, my therapist will make the first attempt to re-establish a connection. If repeated attempts at reconnecting are unsuccessful, my therapist will attempt to contact me via an alternate means such as phone or messaging. If I do not receive communication within 10 minutes I may attempt to contact my therapist through alternate means. If contact is unsuccessful within the timeframe of the scheduled session, my therapist will contact me at a later time about rescheduling.

- I understand that I and/or my insurance company will be billed for telehealth sessions in the same way as in-person sessions. I will discuss any questions or unique circumstances with my therapist.

Alternate Treatment Options:

- If and when telehealth treatment is deemed inadequate or inappropriate for your needs or if you prefer to seek alternative forms of treatment, Restoration Counseling Services can offer in-person sessions at our offices or can help refer you to another provider that may better meet your needs.
- If in-person sessions are not possible for any reason and it is determined that telehealth treatment should not be continued, your therapist will attempt to identify alternative options for support until the preferred treatment method is possible, such as psychoeducational resources, self-care pursuits, and non-clinical support options.

Privacy and Confidentiality:

- The confidentiality expectations and laws that protect the content of in-person therapy sessions and other protected health information also apply to telehealth. I will refer to the initial intake forms for more details.
- I understand that telehealth sessions will be conducted using a HIPAA compliant platform which protects the content of therapy sessions and Protected Health Information to the greatest extent possible.
- I understand that I am responsible for finding a location to engage in telehealth sessions that is private and confidential that my therapist cannot guarantee the level of privacy of the location I choose. My therapist will conduct sessions from a private location that does not risk breach of confidentiality.
- To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

Social Media Use:

- I understand that my therapist will not send or accept social media friend requests, follow Twitter, blog, or other media pages, or respond to comments on social media platforms from or belonging to current or former clients. I understand that any of these activities could compromise my privacy and impact the dynamics of our therapeutic relationship.

- I understand that I should not use social networking sites or any other public online platform to contact my therapist as it could compromise my confidentiality and create the possibility of becoming part of my legal medical record. I will instead contact my therapist by phone. Email and texting will be reserved for quick administrative and scheduling purposes.

Consent to Use Telehealth Platforms:

- Telehealth platforms are NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
- The telehealth service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
- I do not assume that my provider has access to any or all of the technical information in the telehealth service or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the telehealth service platform.

By signing this form electronically or otherwise, I certify that: I have read or had this form read and/or explained to me. I fully understand its contents including the risks and benefits of telehealth. I have been given ample opportunity to ask questions and have received answers to my satisfaction.

Printed Name

Signature

Date