Growing Peace Counseling Intake Paperwork: Consent to Telehealth Treatment

Telemental health is live two - way audio and video electronic communication that allows mental health practitioners and clients to meet outside of a physical office setting.

By signing below, I certify that I understand the following:

- Telemental health services are completely voluntary and I can withdraw this consent at any time
- My counselor will conduct ongoing assessment to determine if telemental health services are able to meet my clinical needs
- Sessions conducted in person are an option, and my counselor can provide me with referrals to in-person providers if needed/preferred
- None of the telemental health sessions will be recorded or photographed
- The laws that protect privacy and the confidentiality of client information also apply to telemental health, and no information obtained in the use of telemental health that identifies me will be disclosed to other entities without my consent
- Telemental health is performed over a secure communication system that is almost impossible for anyone else to access
- Any internet-based communication is not 100% guaranteed to be secure
- There are always potential risks to this technology, including interruptions, unauthorized access, and technical difficulties
- I am responsible for making my own space private and confidential for sessions
- I or my counselor may discontinue the telemental sessions at any time if it is felt that the video technology is not adequate for the situation
- If there is an emergency during a telemental health session, then my counselor may call emergency services and/or my emergency contact
- If the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my counselor, or I will make additional plans with my counselor ahead of time for re-contact
- My counselor will advise me about what telemental health platform to use and they will establish a video conference session
- This form is signed in addition to the Notice of Privacy Practices and Consent to Treatment, and all business policies and procedures contained therein apply to telemental health services
- I have the option before signing to communicate directly with my provider to ask questions and gain clarity on the risks and rewards to utilizing telemental health services

In addition, by signing this form I certify that I agree to the following:

- Not to make or allow audio or video recordings of any portion of telemental health sessions
- The counselor and practice will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system
- To maintain confidentiality, I will not share my telemental health appointment link with anyone unauthorized to attend the appointment