

Kathy Green, LCPC

INFORMED CONSENT FOR TELEHEALTH SERVICES

I, _____ (Name of Client) hereby consent to engaging in telehealth sessions with Kathy Green, LCPC.

I understand the following with respect to telehealth.

My telehealth sessions will occur through interactive audio and video.

The conditions in this Informed Consent for telehealth are in addition to the conditions in the general Informed Consent for treatment.

I have the right to withdraw consent at any time.

The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed to my therapist during the course of my sessions is confidential. However, all the mandatory reporting exceptions outlined in the general Informed Consent at Kathy Green, LCPC also apply to telehealth.

There are potential risks and consequences with telehealth, including but not limited to the possibility that the transmission of my personal information could be disrupted or distorted by technical failures or be interrupted by unauthorized persons.

My clinician will conduct my telehealth sessions in a private room. In order to protect my privacy, I should find a quiet and private place for my session.

No permanent voice or video recording is kept of my telehealth sessions.

Telehealth services and care may not be as complete or as effective as face to face services, especially if there is a poor audio or video connection.

If my Clinician believes that I would be better served by another form of intervention (face to face services). I will be referred to a mental health professional who can provide such services in my area.

INFORMED CONSENT FOR TELEHEALTH SERVICE

Name of client's emergency contact:

Telephone number of client's emergency contact:

Local area crisis services name(s) and number(s):

Telephone number my clinician should call to talk to me in the case of a disrupted telehealth session:

Client Signature _____

Client name (printed) _____

Date _____

Clinician Signature _____

Clinician name (Printed) _____

Date _____