



Telehealth Informed Consent

Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services.

Please read the following telehealth behavioral health therapy consent and sign below. If you have questions or concerns, please share these with your therapist.

1. I understand that I am giving my consent to engage in telehealth therapy sessions with my provider.
2. I understand that the telehealth appointments are different than an in-person session with a provider since we will not be together in the same room. I also understand that, to have the best results for this session, I should be in a quiet place with limited interruptions when I start the session.
3. I understand the potential risks to the use of technology, which can include interruptions, unauthorized access and technical difficulties. I understand that my provider or I can discontinue a video therapy session if it is felt that the video conferencing connections are not adequate for the situation.
4. My provider agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my provider if there is another person present during the session or if I want to record our session.
5. I understand that there are alternatives to a video therapy session available, including in-person sessions or phone sessions.
6. I understand that I can direct questions about the telehealth/video therapy session at any time to my provider.
7. I understand that this consent will last for the duration of the relationship with my provider, including any additional telehealth/video therapy sessions, I may have; I can withdraw my consent for telehealth therapy sessions at any time.



8. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a telehealth therapy session as they would to an in-person session.

9. I agree to work with my provider to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis during our sessions. We also need to create a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems

10. I understand that my provider may decide to terminate video therapy services, if they deem it inappropriate for me to continue therapy through telehealth/video sessions. My provider will work with me to discuss other options for in-person care.

With my consent on this form, 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 process for video therapy.
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I agree to participation in telehealth/video therapy session(s) with my therapist at CORE Connection Counseling

Date_____

Client/Parent or Guardian Signature

Client signature for 12 & older