

Taft Counseling Center Inc.

Telehealth Consent Form

Client Name: _____ Date of Birth: _____

1. I understand that my health care provider wishes me to engage in a telehealth therapy/counseling session or I have expressed a desire to do so.
2. My health care provider has explained to me how the telehealth technology will be used to affect such an interaction and will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth session if it is felt that the telehealth connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.
5. I have had the alternatives to a telehealth session explained to me, and I am choosing to participate in a telehealth session.
6. In an emergency session, I understand that the responsibility of the telehealth professional is to advise my clinician and the emergency clinician's responsibility will conclude upon the termination of the video conference connection.
7. I understand that billing will occur from my provider for my telehealth session.
8. I have had a direct conversation with my mental health professional, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing 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 procedure(s).
- That I have been given the opportunity to ask questions and that any questions have been answered to my satisfaction.

Patient's/parent/guardian signature

Date

Time