

Informed Consent for Telehealth Counseling



1) Strengths: The potential benefits of telehealth include the convenience for clients to potentially receive counseling from various locations and without time lost for travel once an internet signal and necessary hardware are secured. For some clients, it may allow for greater confidentiality in receiving services as travel to and from an office setting is not required.

2) Weaknesses: There are various risks related to electronic provision of counseling services related to the technology used and issues related to the distance between counselor and client. Confidentiality could be breached in transit by hackers or Internet service providers or by others with access to the client's account or computer. A counselor may not notice subtle communication changes and miss diagnostic indicators that might present more fully in-person at an office.

3) Alternatives: Online counseling may not be appropriate for some clients including those who have numerous concerns related to the risks of telehealth counseling, clients with active suicidal or homicidal thoughts, and clients who are experiencing active manic/psychotic symptoms. If needed, Elu will assist individuals to explore receiving mental health services in an office setting. Please request a referral at any time if a different counseling style would be more beneficial for you. Either party may discontinue this mode of treatment at any time if either party feels a change is needed.

4) Communication: Please be aware that misunderstandings are possible with telehealth, typically due to connection problems causing image delays or less than optimal image quality. Counselors are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. Both parties should seek clarification as needed and have patience with one another if telehealth challenges arise.

5) Safeguards: Elu, LLC uses an account with Zoom via Ring Central for telehealth sessions which handles client information and content of the session in compliance with HIPAA regulations. To benefit from these safeguards, the client must download, register and use Zoom software. The instructions for log-in will be provided prior to the first appointment. The client is responsible for securing his or her own computer hardware, internet access, software download, and password security. Because confidentiality risks, Elu requires clients to find a private location for telehealth sessions (i.e. not a library, computer lab, or café). If the client shares a computer with other users outside of telehealth sessions, the client is responsible for creating and using additional safeguards, such as creating passwords to use the computer and internal programs such as email. No party should record any portion of the session without written permission from the other party. No portion of a sessions may be posted on internet websites. Please discuss any concerns with your counselor in your first session so strategies to limit risk can be developed.

6) Technology Challenges: If there is ever a disruption of services on the internet every attempt will be made to restore connections and resume the counseling session. If the disruption of the connection or the degradation of the quality of the connect is determined to be the result of the client's equipment or internet service connection, the counselor has the right to terminate the session and bill the client for the full session as an out-of-pocket expense. No additional time will be added to the session if there is a disruption of services. The counselor will attempt to make contact by phone or email as soon as possible to schedule a next session and confirm the session has been concluded due to technology challenges.

Having understood the nature and risks of this specific type of therapy, the alternatives to treatment, and the procedures for telehealth at this agency, I consent to telehealth counseling with this counselor and Elu, LLC. I have read and understand the information contained in this document and have been provided the opportunity to ask any questions of my counselor that I may have regarding telehealth counseling and am satisfied I understand my rights and responsibilities in proceeding with this type of counseling.

Client Signature (or parent/guardian of minor): _____ **Date:** _____