



Linda K. Castor, RN, LCPC
2663 Farragut Drive, Suite A
Springfield, Illinois 62704

Special Informed Consent for Telehealth Services during the U.S. COVID-19 Outbreak

Telehealth involves the use of electronic communications to enable clients to connect with your therapist, **Linda K. Castor, RN, LCPC**, using live interactive video and audio communications, including phone conversations.

Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referrals, education, and the transfer of medical and clinical data.

While phone calls and FaceTime seem to be the preferred method of communication during this temporary lifting of HIPAA rules, **Linda K. Castor, RN, LCPC** also offers secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via Jituzu. Your therapist will always initiate Telehealth communication at the agreed, scheduled time and will always be the one to re-initiate contact you, if there is a disruption in communication.

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I understand that I have rights with respect to Telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth, in accordance with the agreement I already signed with **Linda K. Castor, RN, LCPC**.
  
2. I understand that I have the right to withhold or withdraw my consent to the use of Telehealth in the course of my care at any time, without affecting my right to future care or treatment.
  
3. I understand that there are risks and consequences from Telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures, unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. I also understand that Telehealth sessions will NOT be recorded.
  
4. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

I have read and understand the information provided above regarding Telehealth and understand the risks and benefits related to the use of Telehealth services, and I hereby give my informed consent to participate in the use of Telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name \_\_\_\_\_ Client's Signature/Date \_\_\_\_\_

Therapist's Signature/Date Linda K. Castor, RN, LCPC 03/19/20 **Linda K. Castor, RN, LCPC**