

CONSENT FOR TELEHEALTH SERVICES

Lotus Patch Counseling / Justin Nixon LPC-MHSP

750 Old Hickory Blvd # 2-150

Brentwood, TN 37027

Phone: 615-200-0995

Effective Date: January 15, 2026

DEFINITION OF TELEHEALTH

Telehealth services involve the delivery of mental health care through videoconferencing technology. Under Tennessee law, this includes communication via telephone, internet, facsimile, and email. Telehealth allows you to receive therapy services remotely when in-person sessions are not feasible or preferred.

UNDERSTANDING TELEHEALTH SERVICES

Differences from In-Person Services

I have explained how videoconferencing technology differs from direct in-person visits. During telehealth sessions, we will not be in the same physical room, which may limit certain aspects of clinical observation (such as body language, physical appearance, and environmental factors) that might be relevant to your treatment.

Platform Information

This practice uses HIPAA-compliant videoconferencing platforms including:

- **Telehealth by SimplePractice**
- **Upheal**
- **Headway**

The specific platform used for your sessions may vary depending on your insurance provider, clinical needs, or other factors. I will inform you which platform will be used for your sessions. All platforms are designed to protect your privacy and maintain the confidentiality of our sessions through encryption and security measures.

POTENTIAL BENEFITS OF TELEHEALTH

Telehealth services may provide:

- Convenient access to care from a location of your choosing

- Reduced travel time and associated costs
 - Reduced time away from work or other obligations
 - Improved continuity of care when in-person sessions are not possible
 - Access to therapy services if you are temporarily out of the area
-

POTENTIAL RISKS AND LIMITATIONS

Technical Issues

Telehealth technology involves potential risks, including:

- Interruptions in service due to technical difficulties
- Internet connection problems affecting audio or video quality
- Unauthorized access to technology (though SimplePractice uses encryption and security measures to minimize this risk)
- Equipment or software failures

Either you or I may discontinue a telehealth session if we determine that the videoconferencing connection is not adequate for the situation. In such cases, we will reschedule for an in-person session or attempt to reconnect.

Clinical Limitations

Effective therapy often relies on gathering multiple observations and information within sessions. In telehealth, I may have limited ability to observe certain clinically relevant factors such as:

- Physical condition, grooming, and hygiene
- Body language, posture, and motor coordination
- Environmental context and safety
- Nonverbal cues that may be less visible through video

These limitations mean I may not be aware of information that could be important to your treatment. I will rely on you to communicate verbally any significant issues that may not be apparent through videoconferencing.

IMPORTANT LIMITATIONS AND RESPONSIBILITIES

Not an Emergency Service

Telehealth platforms are NOT emergency services. In the event of a mental health emergency or crisis:

- **Call 911 immediately**
- Go to your nearest emergency room
- Call the National Suicide Prevention Lifeline: 988
- Call the Tennessee Crisis Line: 855-274-7471

Platform Limitations

The telehealth platforms provide videoconferencing technology only and do not:

- Provide medical or healthcare services
- Offer medical advice or emergency services
- Store clinical information that I can access during sessions (platforms vary in their features)

Do not assume I have access to technical information in the telehealth platform or that such information is current or accurate. You should communicate all relevant clinical information to me directly during our sessions.

Confidentiality Responsibilities

To maintain confidentiality during telehealth sessions:

- **Do not share your telehealth appointment link with anyone unauthorized to attend**
- Ensure you are in a private location where you cannot be overheard
- Use headphones if others are nearby
- Inform me if anyone else is present in the room with you during the session
- Do not record sessions without my explicit written consent

Technology Requirements

You are responsible for:

- Having access to a reliable internet connection
 - Using a device with functioning camera and microphone
 - Ensuring your device has updated security software
 - Testing your technology before our scheduled appointment
-

CONFIDENTIALITY AND PRIVACY

All existing confidentiality protections that apply to in-person sessions also apply to telehealth services. Please refer to the Notice of Privacy Practices and Informed Consent for Psychotherapy documents for complete information about confidentiality, its limits, and your privacy rights.

Access to Records

You have guaranteed access to all information transmitted during telehealth consultations, and copies are available for a reasonable fee as outlined in the Notice of Privacy Practices.

Use of Information

Any identifiable images or information from telehealth sessions will not be disseminated to researchers or other entities without your explicit written consent.

RIGHT TO WITHDRAW CONSENT

You have the right to:

- Withhold or withdraw consent for telehealth services at any time
- Request in-person sessions instead of or in addition to telehealth sessions

- Refuse telehealth services without affecting your right to future care or treatment
- Continue to receive all available mental health services regardless of your decision about telehealth

Withdrawing consent for telehealth will not result in any loss or withdrawal of program benefits to which you would otherwise be entitled.

ACKNOWLEDGMENT AND CONSENT

By signing below, I certify that:

- I have read this consent document or had it explained to me
- I fully understand its contents, including the benefits, risks, and limitations of telehealth services
- I have had the opportunity to ask questions, and my questions have been answered to my satisfaction
- I understand the differences between telehealth and in-person services
- I understand that telehealth is not appropriate for emergency situations
- I understand my responsibilities regarding confidentiality and technology
- I consent to receive mental health services via telehealth from Lotus Patch Counseling

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Name (Print): _____

Client Signature: _____ *Date:* _____

Parent/Guardian Signature (if client is under 18): _____ *Date:* _____

Therapist Signature: _____ *Date:* _____