



Roots to Recovery Collective, LLC

Substance Use Counseling & Peer-to-Peer Recovery Support

Planting Hope, Growing Recovery

Telehealth Informed Consent

Purpose of Telehealth Services

Telehealth allows you to receive counseling and peer support remotely through secure video or phone platforms. This form explains your rights, responsibilities, and the limitations of telehealth services.

1. What is Telehealth?

Telehealth includes the use of electronic communications (video conferencing, phone calls, text messaging) to provide health care and support services at a distance.

2. Benefits & Risks

Benefits:

- Improved access to services
- Increased flexibility and convenience
- Reduced need for transportation or travel

Risks:

- Potential for technology failure or interruptions
- Possible breaches of privacy due to shared spaces, public networks, or third-party access
- Limitations in assessing nonverbal cues or crisis needs

3. Confidentiality & Privacy

- We use secure, HIPAA-compliant platforms when possible.
- You are responsible for maintaining privacy on your end (e.g., using headphones, a private space).
- Telehealth sessions are not recorded without your written consent.

4. Emergency Protocol

- Telehealth is not appropriate for crisis situations.
- In an emergency, you agree to contact 911 or Your Life Iowa (855-581-8111).
- You must provide a current physical location at the beginning of each session in case of disconnection or emergency.

5. Technology Requirements

- You will need a stable internet connection or phone line.
- It is your responsibility to test your device, audio, and video before each session.
- If technical issues arise, we may attempt to continue by phone.

6. Voluntary Participation

- You may withdraw consent for telehealth services at any time without penalty.
- We will discuss alternative options for in-person care or referrals if needed .



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7. Client Rights

You retain the right to:

- Know who is on the other end of the telehealth session
- Ask questions or decline any part of the service
- Request an in-person appointment, when available

Consent & Acknowledgment

By signing below, I acknowledge that:

- I understand the nature and purpose of telehealth services
- I have had the opportunity to ask questions
- I consent to participate in telehealth sessions with Roots to Recovery Collective, LLC

Client Name (Printed): _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____