



*The Woodlands Family Counseling Center*  
*33300 Egypt Lane Suite I-200*  
*Magnolia, TX 77354*  
*(936) 463-8185*

**Informed Consent Addendum for Telehealth Health Sessions**

FIRST NAME	MIDDLE NAME	LAST NAME
CELL PHONE	WORK/HOME PHONE	CODE WORD
<b>EMERGENCY CONTACT</b>		
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

Telehealth involves the use of electronic communications to enable The Woodlands Family Counseling Center (TW FCC) professionals to connect with individuals using interactive video and audio communications. **This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services. Please carefully read the information below and initial next to each section indicating you understand the information provided.**

**CONSENT FOR TREATMENT**

<b>Initial Here</b>	Informed consent is a document that describes the treatment processes, policies and procedures, fee structures, client and therapist responsibilities, and numerous other topics involved in the counseling process. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.
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**VIDEO / AUDIO RECORDING**

	TW FCC does NOT record video or voice recordings from the Telehealth sessions.
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**FINANCIAL OBLIGATION**

<b>Initial Here</b>	All Telehealth sessions are payable by credit or debit card only. My card will be billed the same day as my scheduled Telehealth appointment. I understand that I am responsible for cancelled Telehealth appointments in accordance with the TW FCC Cancellations and Missed Appointments Policy.
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<b>CLIENTS USING INSURANCE</b>	
<hr/> <b>Initial Here</b>	I authorize insurance benefits to be paid directly to TWFC and TWFC may release any information to my insurance provider required for processing my claims.
<b>SCHEDULING</b>	
<hr/> <b>Initial Here</b>	I understand that scheduling is conducted through TWFC and is based on my provider's normal clinic hours. Telehealth appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. Crisis or mental health emergencies should be directed to the local county crisis line or by dialing 911.
<b>EXPECTATIONS OF CLIENT DURING EACH SESSION</b>	
<hr/> <b>Initial Here</b>	<p>Equipment:</p> <ul style="list-style-type: none"> <li>• Computer, tablet, or phone</li> <li>• External or integrated webcam &amp; microphone</li> <li>• High speed internet connection</li> </ul> <p>Environment</p> <ul style="list-style-type: none"> <li>• Light – Choose a well-lit area so the counselor can see your face.</li> <li>• Noise – Ensure that noise from your environment is silenced or minimized to avoid distraction.</li> <li>• Privacy – You need a private, confidential space for Telehealth sessions. Make sure that no one else is within hearing range.</li> <li>• Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session.</li> </ul>
<b>IN CASE OF TECHNOLOGY FAILURE</b>	
<hr/> <b>Initial Here</b>	I understand that during a Telehealth health session we could encounter a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please call the therapist back at: (936) 463-8185. Please make sure you have a phone with you, and I have that phone number. We may also reschedule if there are problems with connectivity.
<b>SAFETY</b>	
<hr/> <b>Initial Here</b>	<p>In order to ensure your safety and welfare, the following measures will be taken at the beginning of your sessions.</p> <ul style="list-style-type: none"> <li>• You will need to confirm the physical address of your location.</li> </ul>

	<ul style="list-style-type: none"> <li>You will need to confirm contact information for your emergency contact.</li> <li>You will need to provide a “code word” that you can use to signify to your counselor that your environment has become less conducive to a Telehealth session. For example, if a family member enters the room then you may want to use a quick word to let your counselor know to stop talking or change the subject until they leave the room.</li> </ul>
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**LIMITATIONS OF TELEHEALTH HEALTH THERAPY SERVICES**

<p>_____</p> <p><b>Initial Here</b></p>	<p>Telehealth health offers several advantages such as convenience and flexibility. However, it is an alternative form of therapy or adjunct to therapy and thus may involve disadvantages and limitations. For example, there may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see various details such as facial expressions. Or, if audio quality is lacking, I might not hear differences in your tone of voice that I could easily pick up if you were in my office. Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the therapist, I will take every precaution to insure a technologically secure and environmentally private psychotherapy sessions. As the client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider using a “do not disturb” sign/note on the door.</p>
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**CANCELLATION POLICY**

<p>_____</p> <p><b>Initial Here</b></p>	<p>In the event that you are unable to keep either a face-to-face appointment or a Telehealth health appointment, you must notify me at least 24 hours in advance. Please note that insurance companies do not reimburse for missed sessions.</p>
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**IN CASE OF EMERGENCY**

<p>_____</p> <p><b>Initial Here</b></p>	<p>Your therapist is not available for after-hours crisis or emergency situations. If you are in crisis and it is after hours, please call 911 or your nearest emergency room. You can also call the Tri-County 24-Hour Crisis Line: 1.800.659.6994.</p>
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**TELEPHONE & EMAIL COMMUNICATION**

<p>_____</p> <p><b>Initial Here</b></p>	<p>Though email and text messages are quick and very convenient, we can never guarantee your confidentiality when using these modes of communications. We do NOT conduct therapy over phone, email, or text. If you have an issue or problem you would like to discuss, please let us know by calling our office. If your counselor is not available, you can leave a message with our administrative assistant or leave a confidential voicemail. Messages will be returned as soon as possible during business hours. Please do not rely on your therapist’s voicemail in times of crisis or for an emergency. Email and text should ONLY be used for scheduling</p>
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purposes and may not be checked on a daily basis. *Please do not cancel appointments by email. You must call the office directly at (936) 463-8185.*

### ACKNOWLEDGEMENT

***I have read and understand the information provided above regarding Telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. 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.***

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNATURE OF CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_