Hope within Healing Counseling Services, PLLC
Jamie A. Shields, LPC, LCDC
800 Rockmead Dr. #113
Kingwood, TX 77339
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Informed Consent for Telehealth Services

Definition: Telehealth involves the use of electronic communications to enable clinicians to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological healthcare delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. It is necessary to find a quiet, private space that is free of distractions and potential interruptions to the session.
2. A webcam or smartphone with a camera will be needed for video sessions
3. It is necessary to use a secure internet connection rather than a public/free wifi.
4. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. A copy of the office policies and informed consent can be provided or found on www.jamieshieldslpc.com
5. 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.
6. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the clinician, that; the transmission of my personal information could be disrupted or distorted by technical failures, interrupted by unauthorized personas, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Hope within Healing Counseling Services, PLLC utilizes secure, encrypted HIPPA compliant audio/video transmission software to deliver Telehealth.
7. If there are technical difficulties, a video session will continue via phone or be rescheduled.
8. Confidentiality still applies, and no one may record the session.
9. 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 healthcare facility in my immediate area.

Payment for Telehealth Services:

Hope within Healing Counseling Services, PLLC will accept private pay or bill my insurance provider for telehealth services. It is **MY RESPONSIBILITY** to verify and determine, via my insurance carrier, that Telehealth benefits are covered by my insurance plan. If my insurance plan does not cover Telehealth services, I am able to pay the designated out-of-pocket rate of $155/$140. A statement of services will be provided, if requested, to submit to my insurance plan.

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Informed Consent for Telehealth Services Cont.

Patient Consent to the use of Telehealth:

I have read and understand the information provided on the Informed Consent document regarding Telehealth. I have additionally discussed this process with Jamie Shields, LPC, LCDC, and all my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of Telehealth services and have had the procedure explained.

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 state that I have read understood, and agree to the terms of this document.

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Print Name: _____ Date: _____

Client Signature: _____ Phone: _____

Client Email: _____

Emergency Contact: _____ Phone: _____

Therapist Signature: _____ Date: _____