

# NIA COUNSELING & FAMILY SERVICES, PLLC

WHERE CULTURE, MEETS CARE



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Www.NiaFamilyLife.com

## Telehealth Consent

### Type of Service Provided:

Telehealth is a form of psychotherapy that uses real-time interactive video technology instead of meeting in person. Telehealth is for interested individuals who live in North Carolina but live too far to do in-office psychotherapy or would prefer to do Telehealth for convenience purposes. Psychotherapy via Telehealth will be accessed between you and me via the patient portal or Google Meet, You will need access to an electronic device that has a camera and a microphone.

### What You Can Expect from Online Treatment:

Just like in-office treatment with me, online Telehealth will be a session of 52 minutes. We will schedule a time and you will be provided a link to click at our scheduled appointment. Please keep in mind to choose a quiet, private area to engage in Telehealth. Keep a telephone handy in case our connection experiences technical difficulties. It is important that you understand that Telehealth sessions have limitations as compared to in person sessions, among those being the lack of "personal" face-to-face interactions and the lack of visual and audio cues in the therapy process. You understand that Telehealth is not a substitute for medication under the care of a psychiatrist, nurse-practitioner or medical doctor. While our psychotherapy sessions will address social, emotional and personal issues, it may be required for you to consult with other specialists in addition to our work. You understand that Telehealth may not be appropriate if you are experiencing a crisis, having suicidal/homicidal thoughts, severe addiction issues or impulse regulation difficulties. If a lifethreatening crisis occurs, you agree to contact the National Suicide Hotline at 800-784-2433, call 911, or go to the nearest hospital emergency room. Please be aware that if a crisis develops, I will also help you locate immediate care. You understand that I follow the laws and professional regulations of North Carolina (USA).

### Payment for Services:

#### Counseling:

I require payment through the patient portal.

#### Coaching:

I require payment through paypal to the following email address: niafamilylife@gmail.com or at the following link [www.paypal.me/niafamilylife](http://www.paypal.me/niafamilylife)

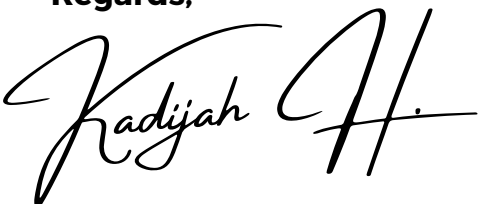
### Cancellation policy:

Telehealth sessions are to be canceled with 24 hour notice

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Regards,**

A handwritten signature in black ink, appearing to read "Kadajah H." with a stylized flourish at the end.

**Kadajah Harris, LCSW**

Outpatient Therapist