

## CHRISTIAN COUNSELING SERVICES

Provider: Claudia (Chloe) Cooper

### CONSENT FOR TELEHEALTH CONSULTATION:

Telehealth is any electronic means of communicating with my therapist, including phone calls, text messages, emails, and video-conferencing. Telehealth is utilized with any communication that is not considered administrative in nature (i.e. scheduling, office location, paperwork, etc.).

1. I understand that my provider is able to offer telehealth consultation, including video services, when appropriate and with my express consent. I have the right to use and refuse these services for some or all of my therapy.
2. My therapist explained to me how the video conferencing technology will impact my sessions and therapeutic care. I acknowledge that video sessions will not be the same as an in-person appointment, due to the fact that I will not be in the same room as my provider and that this implies a variety of limitations and differences related to indirect contact.
3. I understand that telehealth has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. In the case of a video session, I understand that I am responsible for ensuring that my location is private and quiet, so that the telehealth session can be completed effectively. I understand that I must provide details about my location (such as: the physical address, online map pin/link, or a visual of the room) and my identity (such as confirming details about myself against my record or giving a predetermined password) at the onset of a telehealth session. This is necessary to protect my confidentiality and ensure that the coverage of my provider's license extends to my location.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that provider or I can discontinue a telehealth appointment if it is felt that the internet connections are not adequate for the situation or my confidentiality is compromised.
6. I understand that there are some legal and ethical limitations and considerations regarding telehealth sessions, including: risk assessment, technology competence, effectiveness of the therapeutic model, long-term sustainability, national emergencies, and more. My therapist has the right to refuse to offer telehealth sessions, in accordance with state and board statutes.
7. I understand that there are innate risks to my privacy and confidentiality associated with using any telehealth service, specifically video conferencing technology. In offering telehealth for my convenience, I acknowledge that my provider cannot be responsible for these risks, though they will do their best to maintain my confidentiality whenever possible.
8. I understand that I have the right to request the use a safeword, if I feel that my situation warrants extra protection or if I am not confident that my confidentiality will be maintained during a telehealth session (for example: conducting a session with children or a spouse in another room who could interrupt). The safeword selected should be easy to insert into conversation, if the safety or privacy of either location is compromised. If a safeword is needed, it should be established with my provider before the start of a session.
9. If a scheduled telehealth session cannot be completed as planned (due to complications such as, but not limited to: technical difficulties, confidentiality issues, or client discomfort), I understand that I MAY be responsible for a fee, in accordance with my provider's late cancellation policy. The instances are few and far between and should this problem arise, I will need to discuss the implications with my provider to determine whether a full/partial fee or waiver applies.
10. I acknowledge that telehealth is NOT an emergency/crisis service and in the event of an emergency, I will use a phone to call 911.
11. I acknowledge that the developers/administrators of the telehealth platform used for my sessions are not responsible for the delivery of any healthcare, medical advice, or care.
12. I do not assume that my provider has access to any or all of the technical information related the use of a telehealth service. Specifically, I will not rely on my therapist to provide technical support for using a video platform. If a technical issue arises, a reasonable amount of time can be spent trying to resolve the problem, so that the session can be completed. However, if the issues are not resolvable after 10 minutes, the session may need to be rescheduled or moved to a different telehealth platform. If we get unexpectedly disconnected and cannot rejoin the conference room, I can contact my provider via text, phone call, or email to discuss an alternate platform and/or rescheduling.
13. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. My session will also not be recorded by my therapist without my consent.

I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this service and respective policies. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me, in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_