



Renari Counseling, LLC

7662 Slate Ridge Blvd., Reynoldsburg, OH 43068

Tele Mental Health Consent

1. I will familiarize myself with the technology needed to participate in the service that will be provided to me and sign all appropriate and needed paperwork required for services, including emergency contact release of information, financial and insurance agreement, consent for treatment.
2. My therapist will only use tele-therapy and offer it as an option for services when it is deemed appropriate by provider based on appropriate treatment plan goals and current diagnosis.
3. All laws and professional standards applied to in-person therapy services apply to tele-therapy services I will receive and by signing this does not replace other signed documents with therapist, including client stating name and location for each session and operating in compliance with insurance guidelines.
4. Services relying on technology allows for a higher risk of confidentiality concerns including but not limited to breaches of confidentiality, theft of personal information and disruption of services due to technological errors. My therapist and I will continually reassess the appropriate level of delivering services through technology.
5. It is my responsibility to maintain privacy on my end of communication and my therapist will maintain my privacy per HIPPA guidelines

I give my consent to use Tele Mental Health Services as explained in this notice.

Primary Client Printed Name

Date of Birth

Primary Client Signature

Date

Guardian/ Second Client Signature

Date

Therapist Signature

Date