

Informed Consent for Telehealth Consultation

The Concrete Rose: Counseling Services
www.concreteroses.co
therapy@concreteroses.co

Informed Consent

1. I understand this is only a telehealth consultation with the clinician and does not serve as a contract for therapy services.
2. I understand that live video conferencing will be used for the consultation. I understand that although the software is secure, the clinician cannot be held responsible for any potential risks with technology. These include service interruptions, unauthorized access, and technical difficulties.
3. I understand that the clinician or I can discontinue the consultation at any time if persistent technological problems occur and it will be my responsibility to reschedule.
4. I understand that the purpose of this consultation is for the clinician to determine appropriateness of therapy services based on her education, trainings, specializations, and/or judgment.
5. In order to receive the best treatment, I understand that the clinician may decline my request for therapy services and that such decision is made in best judgment for myself.
6. I understand that I can also decide at any time to decline moving forward with this clinician's therapy services.
7. I understand that a telehealth consultation is scheduled for 15 minutes only, which allows myself and my provider to ask pertinent questions but does not and cannot constitute as an intake session. I understand that my clinician will be mindful of time spent in consultation and agree to abiding by this limitation.
- 8. I agree to gather all relevant information &/or questions prior to the consultation so we can make best use of our time.**
9. I understand all information discussed in said consent without questions and/or agree to ask the clinician for clarification if necessary.

