PRECISION TRAUMA THERAPY CENTER, LLC
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CONSENT TO TELEHEALTH TREATMENT SERVICES

This document explains the nature of telehealth services provided by Precision Trauma Therapy Center LLC, including potential risks, benefits, and client rights. Please read carefully before signing.

I. TELETHEALTH

Telehealth (also called teletherapy, telepsychology, or online therapy) involves the use of HIPAA-compliant electronic communications to provide clinical mental health services remotely when the client and therapist are not in the same location. This may include, but is not limited to, video conferencing, phone calls, email, or other secure digital platforms.

Telehealth is not appropriate for all clinical situations and may be modified or discontinued if clinically indicated.

Participation in telehealth is voluntary. You may withdraw consent for telehealth at any time and request in-person services or referrals.

Every effort will be made to protect your privacy and the confidentiality of your information during telehealth sessions. Sessions are conducted through a HIPAA-compliant video platform. However, you should be aware that there are potential risks to confidentiality that are beyond the therapist's control, such as, but not limited to, technical failures, unauthorized access, network failures, interruptions, security breaches.

1. You are responsible for using a secure internet connection and private location during sessions. Using public Wi-Fi or shared devices may increase risks to confidentiality.
2. Before engaging in telehealth services, we will determine together whether telehealth is appropriate for your clinical needs (especially trauma-related care). Some clients or certain clinical situations (e.g., active crisis, high risk of self-harm/harm to others, unsafe or non-private location) may require in-person services instead.
3. By signing you indicate that you have been informed about the nature of telehealth services, including risks, benefits, and your responsibilities as the client, and that you consent to receive telehealth services.
    a. Risks Include: Technology Failures; Limits to Confidentiality; Reduced Ability to Observe Non-Verbal Cues; Environmental Privacy Limitations; Technology & Internet Security; and Geographic & Licensing Limitations.
4. You have the right to withdraw consent for telehealth at any time, and opt for in-person services when available, without affecting your access to care.

5. Telehealth services will be documented in your record similarly to in-person services, and your insurance/financial obligations will apply as usual (you are responsible to check your plan's coverage of telehealth).
6. You understand that if your needs change, or the service modality is no longer appropriate, we may switch to in-person care or a hybrid approach.
7. If the video connection fails during a session, we will attempt to reconnect. If reconnection is not possible within a reasonable period, we may complete the session by phone (if applicable) or reschedule.
8. If a significant portion of the session is lost due to technology failure, we will discuss whether the session fee remains the same, is prorated, or needs to be rescheduled.
9. If a third party (e.g., caregiver, family member) will join the session, their presence must be agreed upon in advance and documented.

I have read and understood this telehealth treatment consent document. I have had the opportunity to ask questions. I voluntarily agree to participate in telehealth services provided by Precision Trauma Therapy Center LLC.

Client Signature: _____ Date: _____

Printed Name: _____

Provider Signature: _____ Date: _____

REVOKE CONSENT

Client Signature: _____ Date: _____

Printed Name: _____

Provider Signature: _____ Date: _____