**CrossWay Counseling Center**

27625 US HWY 98. Daphne, AL 36526

251-626-7959/Fax: 251-626-6122

**Consent Form for Telehealth:**

I understand that telehealth or teletherapy involves the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to receiving health care services to me via telehealth over a video conferencing platform or by use of telephone.

I understand that the laws that protect privacy and the confidentiality of my medical information also apply to telehealth or teletherapy. However, I understand that the use of any type of technology equipment is not 100% secure and there is still a risk using technology.

I understand that while telehealth or teletherapy treatment has been found to be effective in treating a wide range of disorders, there is no guarantee that all treatment of all clients will be effective.

I understand that there are potential risks involving technology, including but not limited to: Internet interruptions, and technical difficulties. I understand that technical difficulties with hardware, software, and internet connection may result in service interruption and that the health care provider is not responsible for any technical problems and does not guarantee that services will be available or work as expected.

I understand that I am responsible for information security on my computer and in my own physical location. I understand that I am responsible for creating and maintaining my user name and password and not share these with another person. I understand that I am responsible to ensure privacy at my own location by being in a private location so other individuals cannot hear my conversation.

I understand that my health care provider or I can discontinue the telehealth/teletherapy services if it is felt that this type of service delivery does not benefit my needs.

I have read and understand the information provided above regarding telehealth or teletherapy, have discussed it with my health care provider and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth or teletherapy in my care.

Agreement: Your signature indicates that you have read this document; that you understand all that it contains; that you agree to abide by its terms; and that you voluntarily consent to treatment. Clients understand digital/electronic signatures are considered valid, per:

- Federal Law (Public law: Pub.L. 106-229 & Statues at Large: 114 Stat. 464)

- 2006 Alabama Code – Section 8-1A-7

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 Client Signature Date