



Heal Together Counseling, LLC  
194A Pleasant Street, Suite 206  
Concord, NH 03301  
Phone: 401-584-4325  
Fax: 978-616-7325

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## Telehealth Treatment Consent

I understand that at times telehealth therapy may be an appropriate alternative to use in instances where in-person therapy is not possible.

Reasons for telehealth therapy may include, but are not limited to, the following:

- Illness
- Health factors (such as Covid-19)
- Weather
- Parent/Guardian meetings
- School/medical team meetings

By signing the Heal Together Counseling Telehealth Consent, I understand that I am agreeing to the following:

- I agree to be available to my child and their therapist at all times during a session if needed for support.
- I agree to provide the client with the tools discussed with the therapist in advance of the session (ie. printed worksheets, art supplies, etc.).
- I agree to provide the client with a safe and private area to engage in therapy.
- I understand that there are risks, benefits and consequences associated with telehealth services. These include, but are not limited to, technological issues, interruptions and/or breaches of confidentiality by another person, and/or a limited ability to respond to emergency situations.
- I understand and agree that no recordings of client sessions will occur. Telehealth sessions are confidential and protected by law except when disclosure is required by law.
- I understand that privacy laws that protect confidentiality apply in all aspects of telehealth unless an exception to confidentiality applies.
- I understand that if the client is experiencing suicidal/homicidal thoughts, actively having symptoms of psychosis, or experiencing a mental health crisis that cannot effectively and safely be managed through telehealth services, it may be determined that telehealth is not clinically appropriate, and that the client may need to be further assessed at the local hospital or crisis center.

- I understand that during telehealth sessions we may experience technical difficulties that may interrupt services. If this occurs, I understand that I may need to end and re-start the session. If issues continue for more than 5 minutes, I agree to contact Rebecca Searles at 401-584-4325 to reschedule the session.
- I understand that if an emergency arises, the client's therapist may need to reach out to emergency contacts and/or emergency services.

### **Telehealth Treatment Consent**

By signing below, I acknowledge that I have read and understand the requirements, benefits and risks to participation in telehealth services. I agree to allow Heal Together Counseling to provide these services through a secure online platform.

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Client Name

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Date of Birth

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Parent/Guardian Name

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Date

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Client/Parent/Guardian Signature

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Therapist Signature