

| CONSENT for TELEHEALTH COUNSELING |

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/ **Beginning our work together**

Telehealth allows us to meet remotely through an agreed technology platform. This form explains what to expect, possible limitations, and how we will respond if technology fails or additional support is needed. Your Informed Consent for Counseling, Professional Disclosure Statement, Privacy Notice, and Practice Policies also apply to telehealth services.

/ **How We Will Meet**

Sessions will take place through established HIPPA approved platform using video connection. Before beginning, we will discuss how to connect, the privacy features of the platform, and any technology or accessibility needs. Please ask if you need help using the platform. Telehealth sessions are scheduled appointments. Email, text, and portal messages are not a substitute for a counseling session or emergency support.

/ **Benefits and Limitations**

Telehealth may make counseling more accessible by reducing travel and allowing you to attend from a familiar setting. Possible limitations include connection problems, interruptions, reduced access to nonverbal cues, privacy risks, and limits on the counselor's ability to respond directly during an emergency. No technology can eliminate every privacy or security risk. We will discuss whether telehealth supports your needs and consider another format or referral when appropriate. A particular treatment outcome is not guaranteed.

/ **Your Location**

At the beginning of each session, I will confirm your identity, physical location, and callback number. I can provide services only when I am legally authorized to practice where you are physically located. Please tell me before attending from another state or country. Travel may require us to reschedule or make another arrangement. If your location changes during a session, let me know immediately.

/ **Privacy and Your Session Space**

Please attend from a private, reasonably quiet location where you can participate safely. When possible:

1. Use a private internet connection and a device you control.
2. Consider headphones to reduce the chance of others hearing the session.
3. Silence notifications and close unrelated applications.
4. Let others nearby know that you need privacy.
5. Tell me if another person can see or hear the session.

Do not participate while driving or operating equipment. If you are in a parked vehicle, tell me so we can assess privacy and safety. You may request breaks or adjustments to support sensory, communication, or accessibility needs. If your setting becomes unsafe or insufficiently private, we may pause or reschedule.

/ **Other Participants and Recording**

A support person may join only after we discuss their role and your permission. Please tell me about anyone present, including someone outside the camera's view. Recording, screenshots, transcription, or automated meeting assistants require a separate discussion and explicit agreement. This consent does not authorize those activities.

/ **If the Connection Fails**

If we disconnect:

- We will first try **to reconnect**.
- If we cannot reconnect within **2-3 minutes**, I will call your agreed callback number.
- We may continue by telephone only if that format is clinically appropriate, legally permitted, and agreed upon.
- If we cannot safely continue, we will arrange the next steps or reschedule.

/ How interrupted sessions are billed:

[Describe your actual policy, including any adjustment when little or no service can be provided.] If we disconnect during a safety emergency, I will follow the emergency plan we have discussed rather than relying only on the routine reconnection procedure.

/ Emergency Planning

Before telehealth begins, we will identify your usual session location, an emergency contact, and resources near you. We will update this information when needed. If I believe there is a serious safety emergency, I may contact local emergency responders or another appropriate support person when permitted or required by law. I will share information relevant to the situation under applicable confidentiality rules. Your location and callback number will be confirmed at each appointment. This plan does not guarantee that emergency assistance can arrive immediately.

/ Support Between Sessions

My usual response time is two business days. Messages are not monitored continuously. For immediate danger or a medical emergency, call [911](#) or go to the nearest emergency department. For suicide or mental health crisis support in the United States, call or text **988**. Please do not wait for a response from the practice when you need urgent assistance.

/ Fees and Insurance

Telehealth session lengths and fees are listed in my Professional Disclosure Statement. Insurance coverage for telehealth varies. The billing arrangements and cancellation policies described in your financial agreement apply, subject to applicable law and payer requirements.

/ Your Choices

You may ask questions, request another format, or withdraw consent for future telehealth sessions. If an alternative format is unavailable through this practice, we can discuss referrals. Withdrawing telehealth consent does not automatically erase charges for services already provided. We will revisit whether telehealth remains appropriate as your needs or circumstances change.

/ Consent and Acknowledgment

By signing below, I acknowledge that:

- I have discussed telehealth's benefits, risks, limitations, and alternatives.
- I understand the importance of a private, safe setting and confirming my physical location.
- I understand the connection backup procedure and emergency plan.
- I understand that messages are not continuously monitored.
- I have had an opportunity to ask questions.
- I voluntarily consent to telehealth counseling.