**Offices of Judith Smithchild, LPCC-S**

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**INFORMED CONSENT FOR TELEHEALTH SERVICES (3-26-2020)**

Prior to starting audio/video or phone telethealth services, we discussed and agreed to the following:

* There are potential benefits and risks of audio/video-conferencing (e.g. limits to client confidentiality) that differ from in-person sessions.
* Confidentiality still applies for telehealth services, and nobody (client or counselor alike) will record the session without the permission from the others person(s).
* We agree to use the telehealth platform selected for our virtual or phone counseling sessions, and the counselor will explain how to use it.
* You need to use a webcam or smartphone during the session.
* It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
* It is important to use a secure internet connection rather than public/free Wi-Fi.
* It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the counselor in advance by phone or email.
* We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

**YOUR** Emergency contact & phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O’Blenness Hospital ---740-593-5551

Suicide Hotlines: 1-800-SUICIDE. 1-800-273-TALK 1-800-4889 (for deaf or hard of hearing)

* You should confirm with your insurance company that the audio/ video or landline telephone sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
* As your counselor, I may determine that due to certain circumstances, teletherapy is no longer appropriate and services will be stopped and your file will be closed. You may stop services at any time if this method of providing services is not beneficial to you and you are not meeting your counseling goals.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_