

Consent for Telehealth Consultation

IF AN EMERGENCY SITUATION ARISES PLEASE CALL 911

Because telehealth consultation differs from face-to-face sessions, this agreement serves as an extension of the Informed Consent for Counseling received with your client intake packet. The Consent for Telehealth Consultation covers important issues related to using technology to deliver counseling services. Please acknowledge that you have read, understand, and agree to the terms of telehealth consultation by providing your electronic signature below.

1. I have agreed to engage in telehealth consultation with my healthcare provider at Next Direction Counseling.
2. My healthcare provider explained to me how video conferencing will be conducted and that using technology for counseling services may not feel the same as a direct client/healthcare provider visit because I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. If my healthcare provider or I deem telehealth is not meeting my needs both parties agree to determine an alternative method of service delivery.
4. I understand there are potential risks to this technology, including but not limited to interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate.
5. I acknowledge that the healthcare provider is not in control of my location's privacy or my technology and connectivity during the telehealth consultation.
6. I have had a direct conversation with my provider, during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in terms I understand.
7. If my health insurance is used for reimbursement of telehealth consultation services, I agree to assign these benefits to my healthcare provider and I understand that all pre-authorizations, copays, deductibles, and non-payment of services are my financial responsibility.
8. I attest I have legal responsibility for any minor clients participating in telehealth consultation and grant my consent.
9. If therapeutically beneficial, I agree to make advance arrangements (not less than two days) with my healthcare provider if other participant(s) will attend the telehealth session and I understand the healthcare provider cannot guarantee confidentiality on behalf of other session attendees.
10. I understand that Next Direction Counseling, PLLC is licensed in the state of Illinois and can only conduct video consultation when clients are physically located in the state of Illinois at the time of the session.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. **Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.**
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.