

**LaVerne M Kalafor, EdS, LCSW, CCHt
Counseling and Consultative Services LLC**

Information and Informed Consent for Telemental-Health Treatment

Telemental-health (i.e., Telehealth) is live two-way audio and video electronic communications that allows therapists and clients to meet outside of a physical office setting.

Client Understanding

I understand that Telehealth services are completely voluntary and that I can withdraw this consent at any time.

I understand that none of the Telehealth sessions will be recorded or photographed. I agree not to make or allow audio or video recordings of any portion of the sessions.

I understand that the laws that protect privacy and the confidentiality of client information also apply to Telehealth, and that no information obtained in the use of Telehealth that identifies me will be disclosed to other entities without my consent.

I understand that Telehealth is performed over a secure communication system that is almost impossible for anyone else to access. I understand that any internet-based communication is not 100 % guaranteed to be secure. I agree that the therapist and practice will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

I understand that I or my therapist may discontinue the Telehealth sessions at any time if it is felt that the video technology is not adequate for the situation.

I understand that if there is an emergency during a Telehealth session, then my therapist may call emergency services and/ or my emergency contact.

I understand that this form is signed in addition to, and all office policies and procedures apply to Telehealth services.

I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my therapist, or I will make additional plans with my therapist ahead of time for re - contact.

I understand my therapist will advise me about what Telehealth platform to use and she will establish a video conference session.

Client Consent – Please Complete and Sign

I hereby give my informed consent for the use of Telehealth in my care.

Client Name: _____

Date: _____