



Abundant Life Counseling St. Louis LLC

Informed Consent for Telehealth Services

Definition of Telehealth: Telehealth involves the use of electronic communication to enable Abundant Life Counseling St. Louis' mental health professionals to connect with individuals using interactive video and audio communication. Telehealth includes the practice of psychological health care delivery, diagnosis, treatment, referral to resources, education, and the transfer of medical and clinical data.

Consent for Telehealth Consultation

I understand that I have the rights with respect to telehealth:

- 1) The laws that protect the confidentiality of my personal information also apply to telehealth. Abundant Life Counseling uses a HIPAA compliant platform for telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 2) I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
- 3) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. I understand the risks that come with entering private information when using a public access or computer that is on a shared network, and I understand the recommendation against using "auto-remember" user names and passwords. I also agree to consider my employers' policies relating to the use of work computers for personal communications. Abundant Life Counseling St. Louis utilizes HIPAA compliant audio/video transmission software to deliver telehealth. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold Abundant Life Counseling St. Louis LLC or its staff liable for gathering or use of client information by these service providers.

- 4) I understand the alternatives to counseling through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my counselor, I may be directed to “face-to- face” psychotherapy.
- 5) I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured. In addition, I understand that telehealth-based services and care may not be as complete as in-person services. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.
- 6) I understand that my express consent is required to forward my personally identifiable information to a third party.
- 7) I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.
- 8) By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area. By signing this document I understand that emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing this document, I acknowledge I have been told that if I feel suicidal I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433.
- 9) I understand that I am responsible for paying the standard fee per session (\$130) by cash, check, or credit card, and that my payment must be postdated before the date of my next scheduled appointment, unless prior arrangements have been made.

Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Signature of Client

Date