Phone: (540) -940 - 7331 Fax: (877) -940 - 0990 Email: Contact@wholistic-Counseling.com

Wholistic Counseling & Consulting
Embracing The WHOLE You

TELE-SERVICES INFORMED CONSENT

Tele-health Services

This document is for the telehealth services being offered/rendered by Wholistic Counseling & Consulting LLC, Clinicians.

Informed Consent

Telehealth involves the use of electronic communications to enable Wholistic Counseling & Consulting, LLC therapist to connect with individuals using live interactive video and audio connections. Tele-health/Tele-therapy can include the practice of Mental health and substance abuse care delivery, diagnosing, consultation, certain treatment, referral to other resources, education, and the transfer of medical and clinical data.

I understand that I have the following rights in respect to telehealth services:

1. *The laws that protect the confidentiality of my personal information that I have already signed also apply to the telehealth spectrum of services. The laws and professional standards that apply to services, in -person, also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent. A copy of Wholistic Counseling & Consulting Services policies and Therapeutic Informed Consent will be provided at intake.*

2. *I understand that I have the right to withdraw or withhold my consent to the use of telehealth during my care at any time, without affecting my right to future care or treatment.*

3. *Services are provided by technology including but not limited to (video, phone, text apps and email) and may not involve direct face to face communication. I understand that there may be risk with telehealth such as (possible disruption, technical failures, or distortions with transmission of personal information and/or the electronic storage of my information could be unintentionally lost or accessed by unauthorized persons Wholistic Counseling & Consulting, LLC Utilizes secured, encrypted HIPPA compliant Audio and visual platforms to deliver telehealth services via Thera-Platform.*

4. *It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by client, and those permitted by law may also have access to record and communications.*

5. *My clinician and I will regularly reassess the appropriateness of continuing to deliver services to me through telehealth technologies we have agreed upon day of and modify our plan as needed.*

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6. *Wholistic clinicians follow state/federal Regulations for telehealth, as well as their perspective licensing boards regulations as (LPC, LCSW, LCMHC, Psychologists, QMHP-A or C, LMFT) and Ethics. They have also received training and will have annual CEU's to continue to stay abreast of up-to-date policies, regulations, and standards for telehealth practices.*

7. *By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based treatment services. If I am in crisis or have an emergency: I should immediately-call 911 or seek help from my nearest hospital or crisis-oriented health care facility in my immediate area.*

Emergency Protocol

In the event of an emergency or if my therapist feels disruption of services was due to a potential crisis, it may be necessary for them to communicate by other means.

My clinician has the right and WILL break confidentiality if my safety or another person is deemed in immediate danger to self or others.

My emergency contact is _____

First and Last name (print)

_____

Relationship

_____

Contact number

If services are disrupted due to technology, storms, power outages etc……my primary contact number to reach me is:

Phone #: ______

Payment for Telehealth

Wholistic Counseling & Consulting, LLC will bill certain insurances for telehealth services when these services have been deemed to be covered by an individual's insurance plan. The credit card you have on file will be charged the billed amount per session, as well as your late cancelations or missed sessions. The standard copay and/or deductible will apply. If your insurance carrier does not cover telehealth, you do not have insurance coverage, or you do not want to use your insurance carrier, you may choose to pay out of pocket for this service. We can provide you with a statement of services for your insurance company if needed.

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Patient consent for Telehealth

Telehealth services are unique and offer specific challenges and guidelines to consider. Please initial the following below statements saying that you (recipient) understand and agree to the terms of group and/or individual telehealth treatment. *(please initial below to show you have read)*

_____ I have read and understand the informed information provided above regarding telehealth services.

_____ I understand the risks and benefits related to the use of technology in the realm of Telehealth services.

_____ I have discussed it with my Therapist and all questions have been answered.

_____ I will ensure I have a private location to hold sessions

_____ I will not invite others into my session without consulting with my therapist and getting proper signature for confidentiality and acknowledgement of rights (informed consent)

_____ I will not attempt to hold any sessions while driving

_____ I will not attend any session under the influence or any drug or alcoholic beverage.

_____ If the client is a minor, a parent or guardian will be present in the building as the client having the knowledge of their scheduled group or individual session. (17 and under)

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By signing below, I hereby give my informed consent and state that I have read, understand, and agree to the terms of Wholistic Counseling & Consulting, LLC telehealth services.

_____ _____
Signature of recipient, Parent or Guardian **Date**

_____
Name Printed

_____
Name of Patient if Guardian or parent signed

(Office Use Only)

_____ _____
Therapist Signature **Date**

_____
Therapist name printed

*** If there is a change with therapist at any time or reason within provider agency, a new consent will need to be signed by all. ***