

Informed Consent for Telehealth Services

Important note: Clients utilizing telehealth services must have a fully completed Emergency Contact Release of Information on file. Clients will also be asked to provide their counselor with their physical location during telehealth sessions as well as local emergency contact information. Telehealth services require a stable internet connection that can fully support video streaming content.

Definition of Telehealth: Telehealth involves the use of electronic communications to enable Safe Harbor Counseling Center counselors to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

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

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. A copy of the Therapeutic Informed Consent can be provided.
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. Safe Harbor Counseling Center utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via Google Meet.
4. Safe Harbor counselors follow their respective board regulations and ethics as set forth by the State of Texas licensing boards.
5. 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.

Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth, will discuss any questions or concerns I may have until all questions or concerns have been answered to my satisfaction prior to engaging in telehealth sessions. 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.

Print Name _____

Client's Signature/Date _____

Therapist Name _____