

# Kairos Counseling Services

www.kairoscounselingservices.com • Tel. 610.995.2800

## Telehealth Consent Form

Dear Client,

In the event that a Telehealth video session may be scheduled (whether regularly, or on special occasion) with your therapist, please read, understand, and sign the below. Please also note the instruction at the end.

I understand that **Telehealth** includes consultation, treatment, emails, telephone conversations, and other information exchange using interactive audio, video, or data communications. I may choose to use Telehealth to communicate and meet with my therapist if she or he offers this modality.

Despite reasonable efforts on the part of my therapist, I understand that there are **risks and possible consequences** related to Telehealth, including, but not limited to, the potential for communication or personal health information to be disrupted or distorted by technical difficulties or failures; interrupted by unauthorized persons; or intercepted and accessed by unauthorized persons. I understand that I am responsible for information security on my computer.

If I choose to use Telehealth, I will disclose to my therapist the physical **address** from which I will join sessions, as well as the name and phone number of an emergency contact, should an emergency situation arise.

I will **refrain** from other activities that would compromise my attention during a Telehealth session, (such as driving, etc).

If I am using a video format for Telehealth sessions, the camera should be placed on a **stable platform** to avoid wobbling during the session, at the same elevation as my eyes, in adequate lighting for visibility. Background noise and bright lights should be minimized.

I understand that unless we explicitly agree otherwise, my Telehealth conversation with my therapist is confidential. I will ensure that I am in a **private location** so that our conversation will not be overheard or listened to by someone else. If this is impossible, I will identify each additional party present, and clarify ways that our conversation might be heard, so that we can discuss reasonable ways to mitigate potential problems or adverse effects.

In line with the above, I will neither make, nor allow for, the **recording** of my Telehealth exchanges with my therapist, by any audio, visual, or other means, at any time. If my therapist is interested in making a recording for training or supervisory purposes, this will be discussed with me in advance, and I will have opportunity to consent or decline each time.

I understand that I may choose to terminate a Telehealth exchange at any time by notifying my therapist, and by disconnecting from the modality in use. I agree to not simply disappear or hang up. If I choose to end a session early, I will make **every effort** to reconnect promptly with my therapist to discuss next steps.

I understand that providing my consent to use Telehealth with my therapist does not replace or invalidate any other informed consent forms also signed upon agreeing to work with my him or her.

*(see reverse)*

I will make timely **payment** for Telehealth sessions by the time of each session, or as otherwise arranged with my therapist.

I acknowledge the ongoing importance of providing my therapist with **24 hours or more notice** in advance, should I need to change my appointment.

I understand that neither my therapist, nor the Telehealth modality, provide emergency services. If I experience an **emergency**, or mental health crisis, before, during, or following a Telehealth video session or other exchange with my therapist, I will call **911** or proceed to the nearest hospital emergency room for help.

I understand that because a Telehealth visit does not occur in the same physical room, it is **distinct** from an in-person visit, and the effect of that may be important. If I am having difficulty with anything pertaining to the Telehealth session experience itself, I will promptly bring it to my therapist's attention so that we can discuss ways to remediate the situation. In the event that Telehealth is not in my best interest, we will discuss alternative options that may be better suited to my needs at this time.

I am satisfied with the above explanation of Telehealth services and risks. I acknowledge that any **questions** I have about my consent or procedures have been answered to my satisfaction at this time, and that I can discuss with my therapist if I have additional questions or concerns.

I understand that **by joining** a phone or video session with my therapist, I am acknowledging that I have read and understood the above information and instructions and will seek to abide by them. I voluntarily consent to the Telehealth modality, and I release my therapist Christine Shaw from any potentially adverse effects to me resulting from the use of Telehealth services.

If you are planning to see your therapist in person, you may bring this form with you to your appointment.

If you are planning to see your therapist next via Telehealth:

(1) Please send an email reply to your therapist with the following statement, prior to joining a video session: **"I have read the information provided, and I consent to Telehealth sessions with therapist, \_\_\_\_\_."**

Details for making the Telehealth connection at your scheduled appointment time will be subsequently provided. Then:

(2) Print this form, sign, and date below. Post-mail a copy to your therapist at the address she/he will provide.

*Thank You*

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Client 1 - Print Name

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Client 1 Signature

Date

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Client 2 (if applicable) - Print Name

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Client 2 (if applicable) - Signature

Date