



TELEHEALTH INFORMED CONSENT

DEFINITION OF TELEHEALTH

Telehealth involves the use of electronic communications to enable Family Connection of Wadsworth, LLC's mental health professionals to connect with individuals using 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.

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my health care provider and/or myself wishes to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. I will make disclosures or reports as required or allowed by law during the following circumstances:(a) if the client is at imminent risk of physically harming themselves or another person, (b) if child/elder abuse or neglect is suspected, or (c) if the release of clinical records is court ordered. In the event that your case becomes complex I reserve the right to seek consultation with supervisors/colleagues, the Ohio Counselor, Social Worker & Marriage and Family Therapy Licensing board and/or the American Association for Marriage and Family Therapy Board, while respecting your confidentiality and HIPPA rights.
4. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing, but no results can be guaranteed or assured.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. To mitigate risks, Elemental Counseling & Consulting, LLC utilizes secure, encrypted audio/video transmission software to deliver telehealth. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
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.
9. 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.
10. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

PAYMENT FOR TELEHEALTH SERVICES

Elemental Counseling & Consulting, LLC, will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. In the event that insurance does not cover telehealth, the individual wishes to pay out-of-pocket, or when there is no insurance coverage, a prompt pay discount is available based on your income. We will provide you with a statement of service to submit to your insurance company if you wish.

CONTACT INFORMATION

Elemental Counseling & Consulting, LLC
Natasha Finney, IMFT-S, LPC
Address: 140 Wadsworth Road, Wadsworth OH 44281
Phone: (234)281-2721
Email: nfinney@elementalcc.com

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

X _____
Client Signature Date

X _____
Client Signature Date

X _____
Minor Signature Date

X _____
Clinician Signature Date