

TELEHEALTH DISCLOSURE AND CONSENT ADDENDUM

This consent is considered an addendum to the longer, more complete consent for mental health services. Please contact the therapist, if you have questions.

Telehealth involves the use of electronic communications to conduct mental health services via video and/or audio communications. Telehealth for this office includes the complete delivery of evaluation and diagnosis, conduct of services intended to meet specified treatment goals and the eventual termination or transfer of services. Telehealth allows access and safe delivery of services under specific circumstances. Clients wishing to use telehealth services may need to check with their insurance providers about coverage conditions. As with any health care service, there are risks and benefits associated with this tupe of care: Specifically 1) equipment or system failure, resulting in poor quality connection. The provider has chosen a platform that is HIPPA compliant to protect client confidentiality. Both the provider and client will work together to resolve technical issues that might arise. 2)This provider is licensed to work with clients from Washington State only. The potential benefits to telehealth counseling are the same as in-person care. No results can be guaranteed. The therapist may direct clients to other services as clinically indicated The provider will inform clients about how to access after-hours support and emergency services, and will work with clients to resolve distress.

Confidentiality laws apply the same to telehealth services as to written materials or in-person services. Release of information works the same. Clients continue to have the right to review written records and/or request information. Clients will be billed under the same fee structure as in-person. Telehealth sessions are NOT recorded. Notes of progress are kept in the same manner as in-person visits.

Clients understand that by agreeing to telehealth services that billing will be implemented in the same manner as in-person services. The therapist will explain options for making payments for fees not covered by other sources. By signing below, I agree to and have had opportunity to clarify any questions about telehealth services.

Client #1 Signature

Date

Client #2 Signature

Date

Therapist Signature

Date