

DK Counseling and Clinical Supervision LLC

Informed Consent for Telehealth Services

Definition of Telehealth: Telehealth involves the use of electronic communications to enable DK Counseling and Clinical Supervision LLC (DKCCS) therapists 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. DKCCS strives for the very best possible outcomes with telehealth services and we appreciate your assistance in creating/maintaining a safe and therapeutic environment. Please help us in this process by limiting distractions and multitasking during telehealth sessions.

Please read the following video therapy/phone consent and sign below. Please let me know if you have any questions.

1. I understand that the same confidentiality protections, limits to confidentiality, and rules around my records apply to a video/phone therapy session as they would an in-person session.
2. I understand that this consent will last for the duration of my relationship with DKCCS, including any additional video/phone therapy sessions I may have. I also understand that I have the right to withhold or withdraw my consent to the use of telehealth during my care at any time, without affecting my right to future care or treatment.
3. There are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist, 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.
4. DKCCS therapists follow the State of Arizona Regulations for telehealth as well as their respective board regulations and ethics.
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 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area.
6. I understand that if telehealth is not via video, I will be asked to provide my name and date of birth in order to identify myself. If there is a technology failure, I understand that my therapist will attempt to call me to confirm that there was indeed a technology failure and also to discuss transition to the next option (e.g. additional attempt(s) via the same or different technology).

7. DKCCS therapists agree to inform me and obtain my consent if another person is present during the consultation/treatment, for any reason. I also agree to inform my therapist if there is another person present during the session. Please keep in mind that the recording of telehealth services is not permitted.

Patient Consent to the Use of Telehealth:

I have read this document carefully and understand the risks and benefits related to the use of telehealth services. I have read and understand the information provided regarding telehealth, have discussed any questions with my therapist, and am in agreement with the policies above.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my electronic acknowledgement or signature below, I hereby state that I have read, understand, and agree to the terms of this document.

Client Printed Name: _____

Client Signature or Legal Guardian: _____

Date: _____