

Fresh Perspectives Counseling

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<http://www.fpcounseling.org>

Tele-Health Informed Consent

I hereby submit my consent to engage in tele-health services. In signing this consent I understand and agree with the following: the practice of using interactive audio, video and/or other means of electronic communication. All protections and limitations afforded by HIPAA will remain standing for interactive audio, video and/or other means accepted in electronic communication as they were in person outlined in the Privacy Policy that I have already received.

Transmission Limitations Due to the Use of Technology:

- A variety of unpredictable technological problems can delay the start of any meeting and/or can interrupt a meeting that is already in progress. Should we lose our connection please call your therapist's cell phone.
- Compared to face-to-face, observing each other's body language can also be affected. If you sense that your therapist has missed your meaning or responded in a way that was unhelpful or confusing, please let them know as soon as you are able during the session so they can clear up miscommunications quickly.

Confidentiality Caveats and Session Structure:

- Preventing breaches of confidentiality in tele-health communication is not one hundred percent guaranteed. The following steps are measures agreed upon by all participants in advance to be taken for maximum security during tele-health sessions:

1. Between participants, no recordings will be made of any tele-health session.

2. During a scheduled session, all participants agree that others may not have access to the room in which the tele-health session will be held.

3. When at home, normal household interruptions may occur during tele-health sessions. These are best accepted, at times, as unavoidable. Try to anticipate them when possible and your therapist will do the same.

Clients Rights:

- I understand that I have the following rights with respect to tele-health:

1. I have the right to withdraw consent at any time without it affecting my right to future care or treatment.
2. The HIPAA laws that protect a person's confidentiality regarding medical information also apply to tele-health. I understand that the information exchanged during my therapy is confidential. However, there are both mandatory and permissive exceptions to confidentiality including though not limited to: reporting child, elder and dependent adult abuse, expressed threats of violence towards an ascertainable victim, and if I make my mental or emotional health state an issue in a legal proceeding.
3. I understand that I may benefit from tele-health, but results cannot be guaranteed.

I agree to provide a person or persons to whom I authorize to be an emergency contact:.

Name: _____

Relationship: _____

Phone:(____)_____

In the case of an emergency you will be instructed to call 911 or go to your local emergency room.

Client Signature: _____

Date : _____
