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CONSENT FOR TELEHEALTH COUNSELING SESSIONS

1. I understand that my therapist and I will engage in telehealth counseling.
2. My counselor explained to me how the video conferencing technology that will be used in counseling sessions will not be the same as face to face visit due to the fact that I will not be in the same room as my counselor.
3. I understand that telehealth counseling has potential benefits including easier access to care, the convenience of meeting from a location of my choosing, and abiding by state and federal and state stay at home orders during the COVID-19 crisis.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my counselor or I can discontinue the telehealth counseling session if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my counselor, during which I had the opportunity to ask questions in regard to telehealth counseling. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language that I understand.

CONSENT TO USE THE TELEHEALTH OPTION OFFERED BY MY COUNSELOR

Telehealth platforms offer technology to conduct telehealth counseling appointments. By signing this document, I acknowledge:

1. Telehealth platforms are NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my counselor and I may be in direct, virtual contact through telehealth platforms, these platforms do not provide any medical or healthcare services or advice, including, but not limited to, emergency or urgent medical services.
3. Telehealth platforms facilitate online counseling and are not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my counselor has access to any or all of the technical information within any telehealth platform – or that such information is current, accurate or up-to-date. I will not rely on my counselor to have any of this information .
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

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.

Printed Name

Signature

Date