

Renewal Counseling Center, Inc.

CONSENT FOR TELEHEALTH CONSULTATION

I understand that:

1. My Counselor has offered me the option of periodically scheduling a counseling session using a video conferencing service which I may accept or decline.
2. Missing or cancelling a scheduled telehealth consultation appointment with less than the required notice will be treated the same as missing an office based under Practice Policies with respect to cancellation fees.
3. The video conferencing format will be different than an office based session due to the use of technology and the fact that I will not be in the same room as my Counselor.
4. A video conference call consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
5. There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, along with the possibility that the subjects of our counseling session might take a direction that cannot be adequately addressed in a video conference.
6. My Counselor or I can discontinue the video session if it is felt that the videoconferencing connections or surrounding conditions (i.e. background noise) are not adequate for the situation, and/or that the topics we are discussing should be addressed in an office session.
7. Before, during, or after a video conference session I can take the opportunity to ask questions in regard to this procedure, including the risks, benefits and any practical alternatives.

CONSENT TO USE SPECIFIC VIDEO CALL SYSTEMS (i.e. the Doxy.me service)

By signing this document, I acknowledge that:

1. The Video Call System is **NOT an Emergency Service** and in the event of an emergency, I will use a phone to call 911.
2. The Video Call System is being used solely to facilitate videoconferencing, and the video call system company is not responsible for the delivery of any healthcare, medical advice or care.
3. To maintain confidentiality, I will not share my Video Call System appointment link with anyone who is not authorized to attend the appointment.
4. The Counselor is not responsible for the physical conditions in which I choose to conduct the video conference session, including who might overhear my conversation or the words spoken by the Counselor. It is my responsibility to protect the privacy of the audio or video content of the video conference session.
5. If I elect to have another person, such as my partner or an adult family member, join the telehealth session, I will first obtain the Counselor's approval and obtain the person's verbal assent and agreement to the topics covered by this Consent form.

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.

Client Signature

Date