



Telehealth Based Counseling Consent Form

My signature on this form assures my consent to have counseling sessions via telephone and or video connection in lieu of in-office sessions. My participation is voluntary, subject to payer guidelines and I may withdraw at any time. I understand that there are risks and benefits including but not limited to technology failures, breaches of confidentiality by unauthorized persons and/or limited ability to respond to emergencies. I understand that the late /no show fee may still apply at my therapist's discretion.

By signing, I understand that the following procedure will be in place for these sessions:

Therapist will call _____ within 5 minutes of appointment time. If the phone call is not answered or goes to voicemail, the therapist will call once more within another 5 minutes. If the second phone call is not answered at that time, the session will be determined as a missed session. If there is a technology interruption, the therapist will attempt to contact me to determine if the session is completed or to continue.

At the beginning of each session, I will need to validate that I am in Michigan and provide the address I am at. I understand I cannot be driving or engaging in drinking alcohol or under the influence of any illicit drugs during this session. I am providing the following emergency person that can be contacted should I present a danger to myself or others as determined by the therapist during the session.

Emergency Contact Person _____

Address/Phone Number _____

The confidentiality of mental health and substance abuse patients are maintained and protected by Federal laws and regulations. No disclosure is made EXCEPT when a patient gives proper written authorization to release medical record information, a court order is given demanding release of records, a patient presents as a threat to themselves or another, child/adult abuse is suspected or disclosure is made to medical personnel in a medical emergency. There is ABSOLUTELY NO recording to this session by either party.

Print Name

Signature

Date

Witness

Date