

Welcome and Thank you!

Thank you for choosing New Leaf Counseling and supporting an Antioch local small business.

Our goal is to provide and maintain a positive clinician-client relationship. Providing you with our Telehealth policy in advance allows for a good flow of communication and enables us to operate efficiently for Telehealth appointments.

Telehealth allows my counselor to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating in psychotherapy via telephone or the internet (hereinafter referred to as Telehealth).

I understand I have the following rights under this agreement: I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person.

I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my counselor has the right to break confidentiality to prevent the threatened danger.

Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured. I further understand that there are risks

New Leaf Counseling

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www.newleaf-counseling.com

Telehealth Consent

unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my counselor to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.

In addition, I understand that Telehealth treatment is different from in-person therapy and that if my counselor believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a counselor in my geographic area that can provide such services.

In the beginning of our Telehealth session, I will provide my counselor with an address location of where I am located in the event emergency services will need to be notified on my behalf as well as confirmation that I am in a confidential location, in a private space in my household, place of business, or public area and am comfortable having psychotherapy services via Telehealth.

Confirm with your insurance company that the Telesessions will be reimbursed; if they are not reimbursed by your policy, you are responsible for full payment.

Informed Consent Checklist for Telehealth Services

Before starting each video-conferencing service, we will discuss and agree to the following:

There are potential benefits and risks of Telehealth(e.g., limits to patient confidentiality) that differ from in-person sessions.

Confidentiality still applies for Telehealth services, and nobody will record the session without permission from the other person(s).

We agree to use the video-conferencing platform selected for our virtual sessions, and the professional counselor and/or practicum or internship student counselor-in-training will explain how to use it.

It is essential to be in a quiet, private space that is free of distractions (including a cell phone or other devices) during the session.

It is important to use a secure internet connection rather than public/free Wi-Fi.

It is essential to be on time. If you need to cancel or change your tele-appointment, you must notify the counselor in advance by phone, text, or email.

We need a back-up plan (e.g., a phone number where you can be reached) to restart the session or to reschedule it in the event of technical problems.

We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis.

If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in Telehealth sessions.

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I have read and understand the information provided above. I have the right to discuss any of this information with my counselor and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Telehealth communications by providing written notification to New Leaf Counseling. My signature below indicates that I have read this Agreement and agree to its terms.

Client Signature

_____ Date _____