

Consent for Telemental Health Consultation

The Association Counseling Center, Inc. (ACC) and Vickie George exist to provide Counseling for individuals, couples, families and groups from a Christian perspective. The Center's services are available to residents of the community regardless of religious affiliation. This is a proposed agreement for providing Telemental Health Consultation between ACC and the undersigned client(s).

Considerations for use of Telemental Health:

Telemental health is defined as the use of any form of technology to conduct therapy sessions which includes, but is not limited to, telephone and the use of video conferencing. These are the two primary forms used by Vickie George of ACC.

1. I understand that this is a mutual consideration between ACC and myself. I understand that this is an additional consent form and that the previous consent form I signed to enter therapy is still actively in place.
2. I understand my therapist will answer any questions I have about the use of telemental health and its benefits as well as its risks. The benefits include easier access to my care and the convenience of meeting from a location of my choosing with the exception of public spaces, which are NOT an acceptable location at any time to do telemental health.
3. I understand that there are potential risks including interruptions, unauthorized access, risks associated with confidentiality and privacy, as well as technical difficulties. I understand that I can discontinue the telemental visit if it is felt that it is not adequate for the situation.
4. I understand that this is an acceptable form of conducting therapy, however, it is not as effective as face-to-face sessions for the type of therapy usually conducted by Vickie George of ACC.
5. I acknowledge that client suitability for telemental health counseling services is not suitable for many types of clients including the following:
 - a. Those who have numerous concerns about the risks of internet usage or phone counseling/supervision.
 - b. Clients with active suicidal/homicidal thoughts
 - c. Clients who are experiencing active manic or psychotic symptoms
 - d. Clients who are impaired due to usage of alcohol or drugs during the time of the telemental health appointment.
6. I understand that if I request a change in my sessions from face-to-face to telemental health, then I need to call my therapist **48 hours ahead of time** to

check if this is mutually agreeable between both of us and this consent form has been signed in advance. I understand that my therapist may say “no” if she feels it is not suitable or in my best interest and will explain to me the reasoning for this decision.

7. If you enter a state of crisis or emergency, you must immediately take one of the following steps:
 - a. Call 9-1-1.
 - b. Go to the emergency room of your local hospital.

Payment for Telemental Health:

Payment is ACC’s normal session fee for a face-to-face session. (See information sheet and consent form). This is required to be taken care of BEFORE your telemental health session. The calling and setting up your telemental health session in advance is the same as setting up a regular face-to-face session in advance. This insures all necessary legal documents are taken care of prior to your session.

Cancellation Policy:

Notify your therapist 48 hours in advance to cancel a session otherwise you are charged the normal session rate.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature _____

Date_____

Therapists Signature_____

Date_____