

Informed Consent for Treatment via Telehealth

Dena Crosby Counseling

Nebraska's Statutes pertaining to the States Telehealth Act are cited at 71-8501

Washington's Statutes pertaining to the States Telehealth Act are cited at RCW 74.09.325 & 71.24.335

PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

____ I understand that our appointments will be conducted by video conferencing (Zoom) or by telephone conference. These appointments are defined by use of technology between a practitioner and client who are not in the same room.

____ Zoom offers end to end encryption and is HIPPA compliant. Whether by telephone or Zoom, Telehealth session follow the same rules of face-to-face therapy.

____ Problems may occasionally occur with internet connectivity. Any problems are outside of the clinician control, and I can make no guarantee services will be available without interruption or work as expected.

____ If something occurs to prevent or disrupt our appointment due to a technical complication you agree to call the clinician at 402-880-6115

____ As mentioned above there are potential risks to this technology. You have the right, therefore, to discontinue the telehealth appointment at any time. If no ongoing care via this platform is desired the clinician will provide referrals fitting the need of the client.

____ You agree to take full responsibility for the security of any communication or treatment on your own computer/iPhone/iPad/other device you might use in your own physical location.

____ There will be no recording of any of the online session.

"I acknowledge that if I am facing an emergency that could result in harm to me or to another person, I am not to seek a Telehealth session. Instead, I agree to seek care immediately through the nearest hospital emergency department or by contacting 911, the Suicide Prevention Lifeline at 1-800-273-8285, or the Crisis Text Line by texting 741741. Prior to beginning Telehealth services, an emergency plan will be created in the event of an emergency. I agree to provide my practitioner with the following information before each Telehealth session: the physical address of where I am located, who I am with, and who my provider should contact in the case of an emergency during our Telehealth session. I, therefore, consent for my practitioner to contact this individual only in the case of an emergency."

Client Signature _____ Date _____