



INFORMED CONSENT FOR ONLINE THERAPY / TELEHEALTH

What is Online Therapy / Telehealth?

Online Therapy, also known as Telehealth, involves the use of electronic communications to enable mental health professionals to connect with individuals using interactive video and audio communications.

Telehealth includes the delivery of psychotherapy, including diagnosis, consultation, treatment, and referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the following rights with respect to telehealth:

1. **Confidentiality:** I have the right to keep my personal health information (PHI) private in telehealth just as I do in face-to-face therapy.
2. **Rights:** I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time without affecting my right to future care or treatment, and that my therapist has the right to accept or deny telehealth as a valid venue for therapy in the best interest of my care.
3. **Risks:** I understand that there are risks and consequences from telehealth including, but not limited to, the possibility of technical issues that are beyond our control, and that the transmission of my personal information could be disrupted or distorted by technical failures.
4. **Benefits:** I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.
5. **Consequences:** I understand that if I late cancel within 24-hours, do not answer the phone call of my therapist, or if I am not present at the video conference at the time of the appointment, that I will be assessed a "No Show" which a \$45 fee may be the result of my absence per our **Financial Responsibility**. I understand that it is my responsibility to provide the correct email and telephone number to set up any video conferencing software on my personal technology.
6. **Liabilities:** I understand the alternatives to therapy through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology and/or telephone therapy. I understand that Renewal Center has contracted with HIPAA compliant technology services for telehealth, but that there is still a minimal, inherent risk that the security of this technology may be



compromised by hackers or other forms of outside influence. If it is found out that there has been a security breach, Renewal clients would be notified immediately.

By signing this document, I agree that certain situations, including emergencies and crises are inappropriate for audio/video computer based psychotherapy services. *If I am in crisis or in an emergency, I should **immediately call 911** or seek help from a hospital or crisis facility in my area.*

Payment for Telehealth Services

Renewal Christian Counseling Center will bill your health insurance provider for telehealth services when these services have been determined to be covered by an individual's insurance plan. *If your insurance is not accepted, we have payment plan options available.*

Patient Consent for the Use of Telehealth

- I AGREE to give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. I have read this document and understand the risks and benefits related to the use of telehealth services.

- I have read and understood the information provided above regarding telehealth, have discussed it with my therapist and all of my questions have been answered to my satisfaction.

OR

- I REFUSE to give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

Print Client/Guardian Full Name

Date

Client/Guardian Signature

Date

Email
**required for services*

Mobile Number
**required for services*