C2 Counseling
Informed Consent for Telehealth Services

Definition of Telehealth: Telehealth involves the use of electronic communications to enable C2 Counseling clinicians to connect with individuals using live interactive video and audio communications or telephonic means. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:
1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. A copy of our Office Policies and Therapeutic Informed Consent can be provided.
2. 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.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures. C2 Counseling utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via ReGroup.
4. C2 clinicians follow the State of Texas Regulations for tele-health, as well as their respective board regulations (ACA) and ethics. They have also received training to provide tele-health services.
5. 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 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Payment for Telehealth Services:
The standard copay and/or deductibles would apply. In the event that insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you with a statement of service to submit to your insurance company.

Patient Consent to the Use of Telehealth:
I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

The above release is given on behalf of (name of minor) _____, because the client is a minor.

Print Name _____

Client's Signature/Date _____

Therapist Name _____

Therapist's Signature/Date _____