

CONSENT FOR TELEHEALTH



Definition of Telehealth: Telehealth involves the use of electronic communications to enable True Course Counseling clinicians to connect with patients using one or both of live interactive video or audio communications. Telehealth includes the practice of mental health care delivery, diagnosis, consultation, treatment, referral to resources, and education.

1. The laws that protect the confidentiality of my personal information that I have already signed with True Course Counseling also apply to telehealth.
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 True Course Counseling, that: the transmission of my personal information could be disrupted or distorted by technical failures. True Course Counseling utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via Simple Practice.
4. True Course Counseling clinicians follow the State of Kansas/Missouri regulations for telehealth as well as their respective board regulations (BSRB/DOPR) and ethics.
5. By signing this consent, 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-oriented health care facility in my immediate area.
6. Payment for Telehealth Services are expected at the time of service and are made via the card on file or prior to session via invoice. Some, but not all, insurance companies cover telehealth services. True Course Counseling can provide me with a statement of service to submit to my insurance company upon request.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature _____ Date _____