

**WISHING YOU WELL COUNSELING CENTER**

21731 Timberlake Road

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**INFORMED CONSENT ADDENDUM FOR TELEHEALTH SERVICES**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s name), hereby consent to engage in telehealth with my Therapist at Wishing You Well Counseling Center as part of my psychotherapy. Telehealth is the use of video conferencing to enable healthcare providers at a different location to provide health care treatment to you. Telehealth consultations are not the same as direct patient/healthcare provider visits as you will not be in the same location as the Therapist. Your participation in any telehealth consultation is completely voluntary.

Because of recent advances in communication technology, the field of tele-therapy has evolved. It has allowed individuals who may not have local access to a mental health professional to use electronic means to receive services. Because it is relatively new, there is not a lot of research indicating that it is an effective means of receiving therapy. An important part of therapy is sitting face-to-face with an individual, where non-verbal communication (body signals) are readily available to both Therapist and client. Without this information, tele-therapy may be slower to progress or less effective.

**Telehealth services are not intended to replace traditional face-to-face sessions long-term. Our intent is to only offer this option during this time as our nation is dealing with the Coronavirus pandemic.**

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

1. I have the right to withdraw consent at any time without affecting my rights to future care of treatment.
2. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse and expressed threats of violence toward an ascertainable victim or myself.
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 my therapist, that: the transmission of my medical information could be interrupted by unauthorized persons.

In addition, I understand that telehealth bases services and care may not be as complete as

face-to-face services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts of my therapist, my condition may not be improved, and in some cases may get worse.

1. I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.
2. Telehealth appointments are not intended for crisis intervention services. I understand that if I am in need of emergency mental health services, I may call 911 or contact my local emergency room.
3. I understand that I have a right to access my medical information and copies of medical records in accordance with Virginia Law.

When providing services via telehealth, it is imperative that your therapist have some additional information from you in case of an emergency. **At the beginning of each session, your therapist will request the physical address of your current location and a phone number where you can also be reached.** This information is necessary so that your therapist can request appropriate assistance in the case of a medical or mental health emergency. In the event of a clinical emergency (medical or mental health), your therapist will contact appropriate law enforcement and/or medical services to render aid.

Tips for Improving Your Telehealth Experience:

* Ensure you have a quiet, private location that is free from distractions and where your conversation cannot be overheard by others.
* Ensure you have a quality, high speed internet connection.
* Sound quality is best when you use earbuds or headphones for sessions. This can also help with privacy issues by reducing the likelihood of parts of the session being overheard by others who may be in close proximity to you.
* Adjust your camera so that you can look as directly into the camera as possible while the other person is also visible on the screen.

I have read and understand the information provided above. I have discussed it with my therapist an all of my questions have been answered to my satisfaction.

Signature of patient/parent/guardian/conservator. If signed by other that patient, indicate the relationship.

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Patient’s Signature or Representative Signature

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Representative Signature, describe the relationship

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Date

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Email address