

INFORMED CONSENT FOR TELEHEALTH

This Informed Consent for Telehealth counseling contains important information for doing counseling using the phone or the internet. Please read carefully.

1. Technology:

- A. I understand the telehealth platform, Zoom Pro, is HIPAA compliant.
- B. I will be provided a sign in prompt prior to my telehealth session.
- C. I understand there are risks and consequences specific to telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my counselor, that our counseling sessions could be disrupted or distorted by technical failures, could be interrupted and/or could be accessed by unauthorized persons. NOTE: Since Zoom Pro is HIPAA compliant, accessing by unauthorized persons should be a minimal risk.
- D. Should technical difficulties cause session disruption, my counselor will contact me via preferred telephone contact. If the technical difficulties can be resolved quickly, the session will resume and I will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored via contact by phone from the counselor.
- E. If the session is interrupted for any reason, such as technological connection failure, and I am having an emergency, I will not call my counselor back, I will call 911 or go to my nearest emergency room. Or I will call the local crisis helpline at 217-351-3535. Once the emergency has been resolved I will call my counselor back to provide an update.

2. Client Expectations:

- A. My dress and environment, in which I sit for the session, will be conducive to an in-office visit: free from distraction and interruptions, quiet and private, proper lighting and seating to ensure a clear image of both parties.
- B. Only agreed upon participants will be present. The presence of any unapproved individual could cause termination or disruption of the session. This is to protect your confidentiality.
- C. I will provide a phone number where I can be reached in the event of service disruption at the beginning of each session.
- D. I will disclose my physical address of my location at the start of each session.

3. Payment:

- A. The same fee rates and/or co-payments/co-insurance apply for telehealth counseling as apply for in-person counseling.
- B. Payment for services are to be made at, or prior to, the time of the telehealth service. **Nothing has changed here.** For more in-depth payment responsibilities, please refer to the new client paperwork you received and signed at the beginning of your treatment.

4. Contact Between Sessions:

- A. Telehealth counseling is reserved for counseling sessions ONLY. For communication between sessions, please use text, phone, or heidi@mcgillcounseling.com. Do not communicate with me via Zoom Pro. That platform is for telehealth ONLY.

5. Scheduling:

- A. Your telehealth appointment will be the same time as your in-person scheduled appointment. If there is a conflict, please let me know and we will look for other possible time slots.

6. Discontinuing Telehealth:

- A. My counselor will let me know if telehealth counseling is no longer the most appropriate form of treatment for me. Options will be discussed for other more appropriate services, if needed.

7. Consent For Treatment:

- A. This Agreement is intended as a supplement to the general Informed Consent that I signed at the outset of counseling and does not amend any of the terms of that Consent.
- B. I, voluntarily, agree to receive counseling services through the use of telehealth.
- C. By signing this Informed Consent, I acknowledge I have both read and understood all the terms and information contained in this document and all my questions have been answered to my satisfaction.

Client Signature	Date
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Counselor Signature	Date
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