

KAIROS CHRSTIAN COUNSELING MINISTRIES, LLC

Informed Consent for Telemental Health Services

My treatment provider has informed me about and I understand and recognize the risks, benefits and alternatives to the use of the telehealth counseling platform. I understand the following:

_____ I understand I have the option to withhold consent at this time or to withdraw this consent at any time, including anytime during a session, without affecting the right to future care, treatment, or risking the loss or withdraw or any program benefits to which I would otherwise be entitled.

_____ I understand the benefit of utilizing the telehealth platform is that I will be able to participate in counseling services in a safe secure manner while limiting the barriers of transportation and local access to care.

_____ I understand the potential risk to utilizing the telehealth platform is that there could be partial or complete failure of the equipment being used which may result in the counselor's inability to complete the evaluation or treatment services.

_____ I understand that there are no permanent video recordings of my sessions, unless I give written consent to be recorded for training or therapeutic purposes.

_____ I understand that I have HIPAA protections equal to the protections that exist in an in person counseling sessions.

_____ Dissemination of client identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without consent of the client.

_____ I take full responsibility for the security of treatment related correspondence and records on any computer that I may use for these purposes. Correspondence or other information sent to me by my provider may be held liable for any breach of confidentiality regarding electronic or paper records which occur as a result of my failure to secure the computer through which I am receiving services.

_____ I understand that there are circumstances under which online behavioral health services are not the appropriate or most effective treatment. I agree that my provider and I may determine that certain services are inappropriate under this medium.

_____ If I am having a medical, psychiatric or other critical issues which require face-to-face intervention, it is my responsibility to seek that level of help. **IF I AM CURRENTLY CONSIDERING OR THREATENING SUICIDE OR ANY FORM OF HARM TO MYSELF OR OTHERS, I TAKE FULL RESPONSIBILITY**

FOR SEEKING APPROPRIATE HELP IMMEDIATELY BY CONTACTING 911 OR GOING TO MY LOCAL EMERGENCY CENTER.

_____ On the Kairos Christian Counseling Ministries website, (kairoschristiancounseling.com) I have read, understood, and agreed the *Terms of Use* and *Notice of Privacy Policies*. I understand I can print copy of these terms and policies at any time off the website.

_____ I understand that confidentiality in electronic service delivery shall be maintained by my provider and encryption methods are used for electronic service delivery.

_____ Details of how my electronic record is stored have been explained to me by my health care provider.

Having read and understood I consent to Telemental health services. My mental health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered.

Client Signature

Date

Therapist Signature

Date