

Consent to Receive Services Via Videoconference

I can provide some treatment services via videoconferencing, which means you and I are not in the same room but see and talk to one another over a secure audio and video connection. During the video-conference, I am located in a private area in which my interaction will not be viewed and/or overheard by anyone. You are encouraged to choose private areas in which to participate in your scheduled session (e.g. at home, not in public areas).

You have a right to confidentiality with videoconferencing under the same laws that protect the confidentiality of your medical information for in-person counseling including counseling for substance use disorders. Any information disclosed by you during the course of my counseling, therefore, is generally confidential. The dissemination of any personally identified images or information from the video conferencing interaction to any other entities shall not occur without your written consent.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence you may make towards a reasonably identifiable person. In addition, if you are in such a mental or emotional condition to be of danger to yourself or others, I have the right to break confidentiality to prevent the threatened danger.

Therapeutic treatments of various kinds have been found to be effective in treating a wide range of behavioral health disorders, substance use disorders and personal and relational issues. There is no guarantee that all treatments of all clients will be effective. Understand that while you may benefit from receiving services via video-conference, results cannot be guaranteed or assured.

Videoconferencing is often seen as beneficial given prompt access to needed treatment services. Additionally, interactive videoconferencing reduces the need for transportation services and travel time.

Videoconferencing is different than in-person therapy or treatment. If I believe that you would be better served by another form of services, such as in-person services, I will refer you to a provider that can provide such services, if available.

Client Responsibilities

I understand that there are risks unique and specific to receiving services via video-conference, including, but not limited to:

1. Video-conferences may be disrupted or distorted by technical failures;
2. The quality of images and sound transmitted may not be sufficient to allow the provider to make accurate assessments and appropriate treatment decisions, and/or allow the client to clearly understand the provider's recommendations to them;
3. In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
4. I may not experience the same degree of personal understanding/support/empathy that I would during an in-person contact with the clinician. I understand that I have a right to decline services at any time.

I have read and understand the information provided regarding interactive videoconferencing. I have the right to discuss any of this information with my service provider and to have questions regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to interactive videoconferencing at any time by providing verbal or written notification to my clinician.

Confirming notification:

This clinician has reviewed and explained this statement with me and will provide me with a copy of it upon request. In case of emergency, I will call 911 or the crisis hotline [440-953-8255].

Signature

Date

Printed Name