

### **Informed Consent/Disclosure Statement - TELEHEALTH**

This is to inform you of specific information for Telehealth Services, should you consider this option. This statement is to be included in addition to the standard informed consent/disclosure statement provided to you and not a stand alone agreement.

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for Telehealth services, and nobody will record the session without the permission from you, the client.
- We agree to use the video-conferencing platform selected for our virtual sessions, and I will explain how to use it. Example platforms include [doxy.me](https://doxy.me) or Zoom with a business associate agreement obtained.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the counselor in advance by phone.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- Our safety plan includes a variety of options. You may contact me by phone at 907-590-8384. If I am unavailable, contact the Fairbanks Crisis Hot Line at 452-4357, or go to the Fairbanks Memorial Hospital (FMH) ER or call 911. Additional options are located within the informed consent/disclosures document under “Emergency Situations” on page 3.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- I am not licensed to provide telehealth services outside of the state of Alaska. If you are out of Alaska for any reason, including a vacation or on business, I will be unable to offer telehealth until your return.
- As your counselor, I may determine that due to certain circumstances, Telehealth is no longer appropriate and that we should resume our sessions in-person.

**By signing below, you acknowledge having read and accept the conditions as outlined above in this Informed Consent for engaging in TELEHEALTH services:**

**Client Signature**

**Date**

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**Witness Signature**

**Date**

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