**Rebecca Jarrell, MA, LPC**

Licensed Professional Counselor

**INFORMED CONSENT FOR TELEHEALTH SERVICES**

**Definition of Telehealth:** Telehealth involves the use of electronic communications to enable Rebecca Jarrell, MA, LPC to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and transfer of medical and clinical data.

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

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth. Including, but not limited to, the possibility that despite reasonable efforts on the part of the therapist, the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Rebecca Jarrell, MA, LPC utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth services.
4. Rebecca Jarrell, MA, LPC follows the Texas State Board of Examiners of Professional Counselors regulations for telehealth and has also received training to provide telehealth services.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or seek health care from a nearby hospital or crisis-emergency health care facility in my immediate area.

**Payment for Telehealth Services:**

Rebecca Jarrell, MA ,LPC will bill insurance for telehealth services when these services have been determined to be covered by an individual’s insurance plan. The standard copay and/or deductible would apply. In the event that the insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. You will be provided with a statement of service to submit to your insurance company, at your request.

**Patient Consent For The Use of Telehealth:**

I have read and understand the information provided above regarding telehealth, have discussed my questions or concerns with my therapist, and all my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understand, and agree to the terms of this document.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_