

## **TELE-HEALTH INFORMED CONSENT**

I hereby consent to engaging in telehealth counseling with Barbara Bernstein MA, LLC. Telehealth is a broad term that refers to mental health services and information provided electronically or with the use of technology. I understand telehealth counseling may include mental health education, diagnosis, consultation, treatment, and referrals to resources. Telehealth counseling will occur primarily through telephone conversations or online video conferencing and may involve email exchanges.

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

I have the right to withhold or withdraw consent at any time.

The use of telehealth counseling is subject to the discretion of my mental health provider, is temporary in a nature, and based upon the assessment of my clinical needs.

The laws that protect the confidentiality of my personal information and clinical treatment record also apply to telehealth counseling. As such, I understand that the information disclosed by me during the course of telehealth counseling sessions is generally confidential. However, there are exceptions to confidentiality that have been previously outlined to me.

I understand that my sessions via telehealth counseling will not be recorded.

I understand that there are risks and consequences from telehealth counseling. These include, but are not limited to, the possibility, despite reasonable efforts on the part of the counselor that: 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 accessed by unauthorized persons. Another risk is that I may experience loss of confidentiality due to factors from the surrounding environment in which I chose to participate in telehealth counseling. I am encouraged to ensure that no one else is the room, not to participate in conversations while on speaker phone, or to participate in a public space.

By signing this document, I agree that certain situations including emergencies and crises are inappropriate for telehealth counseling. In the case of emergency, I should call 9-1-1, or the national suicide hotline at 1-800-715-4225, or the crisis center at 205-323-7777.

Client(s) printed name: \_\_\_\_\_  
\_\_\_\_\_

Client(s) signature: \_\_\_\_\_  
\_\_\_\_\_

Today's date: \_\_\_\_\_