**Informed Consent for Telehealth Services**

The following information is provided to clients of Empowering Optimism Therapy to receive mental health services through telehealth communication. Telehealth includes the use of electronic devices to allow communication and connection between therapist and client individuals using live interactive video and audio communications. Telehealth includes the practice of mental health care delivery, diagnosis, consultation, treatment, referral to resources, and education.

This document covers your rights, risks and benefits associated with receiving telehealth services, our policies, and your authorization. Please ask questions and get clarification if needed, prior to signing this document.

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

* The laws (HIPAA) that protect the confidentiality of my personal information (PHI) that I have already signed also apply to telehealth. Copy of our Notice of Privacy Policies and Notice of Practice Policies may be provided at your request.
* 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. However, I also understand that EOT only provided mental health services through telehealth at this time. Withdrawing my consent for telehealth treatment also removes me from treatment until otherwise reinstated.
* I understand that there are risks and consequences from telehealth, including, but 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 unintentionally lost or accessed by unauthorized persons. EOT utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth.
* EOT follows the State of Michigan Regulations for telehealth as well as their respective board regulations and ethics.
* 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 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area, such as Community Mental Health.

Client Initials:

**Payment for Telehealth Services:**

Empowering Optimism Therapy will charge the credit card on file for telehealth sessions and can provide a superbill statement of service to submit to your insurance company for out-of-network reimbursement upon request. Please note that not all insurance companies cover telehealth services and it is your responsibility, as the client, to determine your plan’s coverage of telehealth services. EOT’s 24-hour cancellation policy applies to telehealth sessions.

Client Initials:

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on **[January 1, 2021]**

**Acknowledgement of Consent for Telehealth Services**

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of 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 and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. I take full responsibility for any unauthorized information transmitted through telehealth communication. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Client Name Printed

Client Signature/ Guardian Signature Date