

Alliance Counseling & Coaching, LLC

Informed Consent and Disclosure for Telehealth Psychotherapy

- Telehealth services will be conducted via teleconferencing (or other method). I understand that telepsychology services may not include the same ease of communication as face-to-face treatment.
- I understand that despite reasonable efforts on the part of the clinician, some information could be disrupted or distorted by technical failures or interrupted by an unauthorized person. The therapist will keep records of the session in the same manner that traditional psychotherapy records are kept.
- Although we have not had issues with insurance paying for this service; I understand that I may not be eligible for third party reimbursement for this service and assume full financial responsibility for the services delivered.
- I understand that I will contact the counselor if I cannot log on to telehealth to arrange a different method of service, e.g., have the link resent or conduct a session via phone or to reschedule when necessary.
- I understand that I have the freedom to choose telehealth as a form of counseling or can choose in-person traditional therapy instead. It is also possible that your therapist is only available for telehealth sessions; in that case each client has the right to choose a new therapist that is available for face-to-face traditional therapy.
- I understand that when I consent to telehealth counseling, it is mine (client's responsibility) to assure a safe, confidential space to conduct the counseling session. It is highly imperative that the space provides you with privacy, free from others hearing or seeing the session. The therapist can assure confidentiality on their end, but each client has a responsibility to assure it on his/her end.

Client or (personal representative's) signature

Date