

Looking Up Counseling
Consent for Telehealth Services

Client Name: _____

Provider Name: _____

I understand telehealth is a way to visit with my mental health provider from any place, including my home.

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to LUC providing mental health care services to me via telehealth. I understand these services will be provided via face-to-face services over video.

I understand that I can withdraw my permission at any time and that I do not have to answer any questions that I consider to be inappropriate or am unwilling to have heard by other persons. I understand that if I do not choose to participate in a telehealth session, no action will be taken against me that will cause a delay in my care and that I may still pursue face-to-face services. I understand it is important for me to make sure I am in a quiet and private place.

I understand that as with any technology, telehealth does have its limitations. There is no guarantee, therefore, that this telehealth session will eliminate the need for me to see a mental health provider in person.

I understand that medical records of telehealth services will be kept at LUC's Administration Site.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth and that my information will not be released without signed consent.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth during my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Looking Up Counseling or my counselor directly. As long as this consent is in force, Looking Up Counseling mental health professionals may provide mental health care services to me via telehealth without the need for me to sign another consent form.

Client Signature (If 14 years of age or older)

Date

Parent/Guardian Signature

Date