

Telecounseling Client Consent Form

In order to receive telecounseling services from Abundant Living Counseling & Consultation, PLLC, you must be a North Carolina State Resident.

Telecounseling is the delivery of counseling services using interactive audio and visual electronic systems between a therapist and a client that are not in the same physical location. These services may also include electronic diagnosing, appointment scheduling, communication via email or electronic chat, electronic scheduling, and distribution of client education materials.

The potential benefits of telecounseling are:

- Reduced wait time to receive counseling care.
- Avoiding the need to travel to a psychiatrist.

The potential risks of telecounseling include, but are not limited to:

- A telecounseling session will not be the same and may not be as complete as face-to-face service.
- There could be potential technical problems (video quality, internet connection) that may affect the telecounseling session and affect the decision-making capability of the provider.

Note: The latest version of the recommended browser for your device, is as follows:

- 1. iPhone/iPad: Safari browser (iOS 11 required)**
- 2. Android phone/tablet: Google Chrome browser or default device browser**
- 3. Macbook or iMac: Chrome, Safari or Firefox browser**
- 4. Windows desktop or laptop: Chrome, Firefox or Edge browser**

- The therapist may not be able to provide therapeutic treatment using interactive electronic equipment nor provide for or arrange for emergency care that you may require.
- A lack of access to all the information that might be available in face to face visit, but not in a telecounseling session, may result in errors in judgement.
- Delays in services and treatment may occur due to deficiencies or failures of the equipment.

Abundant Living Counseling & Consultation, PLLC utilizes software that meets the recommended standards to protect the privacy and security of the telecounseling sessions. However, the service cannot guarantee total protection against hacking or tapping into the telecounseling session by outsiders. The risk is small, but it does exist.

NOTE: All individuals that are solely telecounseling clients are requested to verify their identity with at least two copies of identification. Both identifications must bear the client's signature. Examples include Social Security Card, from the USA Social Security Administration, with your signature AND Photo Identification with your signature, unexpired driver's license, government issued identification card, military identification or passport.

Alternatives to the use of telecounseling:

- Traditional face-to-face sessions.

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

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my medical information also applies to telecounseling. As such, I understand that the information disclosed by me during my treatment is generally confidential. However, there are mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder and dependent abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telecounseling interaction to researchers or other entities shall not occur without my written consent.
- (3) I understand that there are risks and consequences from telecounseling, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telecounseling based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of counseling services (e.g. face-to-face services), I will be referred to a therapist who can provide such services in my area.

Finally, I understand that there are potential risks and benefits associated with any form of therapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

- (4) I understand that I may benefit from telecounseling, but that results cannot be guaranteed or assured.

(5) I understand that I have a right to access my medical information and copies of medical records in accordance with North Carolina Law.

Client’s Responsibilities

I will not record any telecounseling sessions without written consent from my therapist. I understand that my therapist will not record any of our telecounseling sessions without my written consent.

I will inform my therapist if any other person can hear or see any part of our session before the session begins. The therapist will inform me if any other person can hear or see any part of our session before the session begins.

I understand that I, not my therapist, am responsible for the configuration of any electronic equipment used on my computer that is used for telecounseling.

I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I must be a resident of the State of North Carolina to be eligible for telecounseling services from Abundant Living Counseling & Consultation, PLLC.

I understand that my therapist determines whether the condition being diagnosed and/or treated is appropriate for a telecounseling encounter.

I understand that if the telecounseling session does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second telecounseling visit.

I can change my mind and stop using telecounseling at any time. This will not make any difference to my right to ask for and receive health care.

Client Consent To The Use of Telecounseling:

I hereby consent to engaging in telecounseling with Abundant Living Counseling & Consultation, PLLC as part of my counseling evaluation and treatment.

I understand that “telecounseling” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio, video or data communications. I have read and understand the information provided above regarding telecounseling.

Printed Name

Signature

Date