

# Heather L. Rice, LMHC, PLLC

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## CONSENT FOR TELEHEALTH COUNSELING

1. I understand that I wish to engage in telehealth counseling.
2. My counselor explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/counselor visit due to the fact that I will not be in the same room as my provider.
3. I understand that telehealth counseling has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my counselor or I can discontinue telehealth counseling if it is felt that the video conferencing connections are not adequate for the situation.
5. I have had a direct conversation with my counselor, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.
6. I agree that my counselor will provide a 10 minute grace period following the scheduled start of the session to allow for any technical difficulties I may have while connecting. After that time, my counselor may disconnect from the video session and determine I was a "no-show" for that session.

CONSENT TO USE THE TELEHEALTH BY doxy.me (or another identified medium for client to effectively receive services)

Telehealth by doxy.me (or another identified medium for client to effectively receive services) is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by doxy.me (or another identified medium for client to effectively receive services) is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my counselor and I may be in direct, virtual contact through the telehealth Service, neither doxy.me (or another identified medium for client to effectively receive services) nor the telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.

3. The telehealth by doxy.me (or another identified medium for client to effectively receive services) facilitates video conferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my counselor has access to any or all of the technical information in the telehealth by doxy.me (or another identified medium for client to effectively receive services) – or that such information is current, accurate or up-to-date. I will not rely on my counselor to have any of this information in the telehealth by doxy.me (or another identified medium for client to effectively receive services).
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

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

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: Heather L. Rice, LMHC, NCC, Director

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