

Woolley Counseling, LLC

Consent for Telehealth Treatment

I (name of patient or parent/guardian) _____ agree to participate in telehealth assessment and treatment. By signing this agreement, I authorize video/phone/texting session(s) with my mental health professional at The Woolley Counseling, LLC.

I understand that I can withdraw my permission at any time.

I understand that medical records of the telehealth sessions will be kept by The Woolley Counseling, LLC and Therapy Notes the same way in-person session medical records are kept, but that no copies of the video sessions themselves are kept in any form.

I have been given information about the benefits and limitations of telehealth sessions, including in cases of urgent and emergency behavioral health needs.

My therapist and I have discussed my options in regards to any potential emergency situation that might arise just prior to or during a telehealth session. In those cases, I have been instructed to contact or go directly to the following emergency medical providers:

CLIENT

Signature of Client

Date

MINOR (Emancipated Minors Only):

I have the legal capacity under applicable ___(state) law to apply for consent to such treatment and services mentioned in this form, without parental consent.

Signature of Minor Client _____ Date _____

PARENT OR GUARDIAN:

Signature of Parent or Guardian _____ Date _____

Woolley Counseling, LLC

Communication by Email, Text Message, and Other Non-Secure Means

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with your therapist from The Woolley Counseling, LLC there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with your therapist from The Woolley Counseling, LLC
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don't want accessing these communications, please talk with your therapist from The Woolley Counseling, LLC about ways to keep your communications safe and confidential.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I, _____, consent to allow the therapist and administrative staff from The Woolley Counseling, LLC to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Completed forms, including forms that may contain sensitive, confidential information
- Information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment
- My health record, in part or in whole, or summaries of material from my health record
- Other information. Describe:

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

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It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with your therapist from The Woolley Counseling, LLC there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with your therapist from The Woolley Counseling, LLC
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

If there are people in your life that you don't want accessing these communications, please talk with your therapist from The Woolley Counseling, LLC about ways to keep your communications safe and confidential.

(Name of client, parent or guardian)

(Signature of client, parent or guardian) Date