



## Behavioral Telehealth Informed Consent Form

I \_\_\_\_\_ (name of ADULT patient 18 or older) agree and consent to receiving behavioral telehealth services provided by Great Changes Counseling Services

**OR**

I am the legal guardian of \_\_\_\_\_ (name of minor patient, under 18) and as such I am agreeing and consenting to his/her participation in behavioral telehealth services offered and provided by Great Changes Counseling Services.

I understand that “behavioral telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, and education using interactive audio, video, or data communications.

I understand the following information & rights with respect to behavioral telehealth:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- I understand that none of the behavioral telehealth sessions will be recorded or photographed without my written permission
- I understand that behavioral telehealth is performed over a secure communication system that is designed to prevent unauthorized access. Despite this, I accept that protection against the very rare occurrence of a breach of confidential information cannot be guaranteed.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that me or my therapist may discontinue the telehealth sessions at any time if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my therapist.
- I understand that my therapist is licensed to practice ONLY in the State of IL and that I may only receive telehealth services while I am physically located in IL. My therapist may NOT conduct telehealth while I am out of state on vacation or on a business trip, etc.
- The laws that protect the confidentiality of my medical and mental health information also apply to behavioral telehealth. As such, I understand that the information disclosed by me during my therapy is generally confidential. However, there are mandatory exceptions to confidentiality, including reporting child, elder, and dependent adult abuse; and expressed threats of violence towards self and/or an ascertainable victim.
- I understand that I may need to install applications for behavioral telehealth services onto my phone, tablet or computer device.
- My therapist has explained to me how video conferencing technology will be used. I understand that any telehealth sessions will not be the same as an in-person session since I will not be in the same room as my therapist
- I understand that it is important to be in a quiet, private place that is free of distractions for the sessions.
- It is important to use a secure internet connection rather than public or free Wi-Fi.
- I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my therapist, or I will make additional plans with my therapist ahead of time for re-contact.

