William Brislin, LMHC
Informed Consent for Telehealth Services

Definition of Telehealth:
I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described below.

Telehealth involves the use of electronic communications to enable William Brislin, LMHC to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand my rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information, that I have already signed also apply to telehealth. A copy of the *Client Consent Form, Limits of Confidentiality,* and *HIPAA Rights* can be provided.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand there are risks in telehealth, including, but not limited to, the possibility (despite reasonable efforts on the part of the counselor) that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Bill Birlsin, LMHC utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth.
4. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Payment for Telehealth Services: Will be billed at the standard and regular rate.

Patient Consent to the Use of Telehealth: I have read and understand the information provided above regarding telehealth. I have read this document carefully and understand the risks and benefits related to the use of telehealth services. I have asked any questions and they have been answered to my satisfaction.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

_____
Client (Print Name)

_____ _____
Client (Signature) Date