

Choice Counseling Services, LLC

Jerri Shields, MC, LPC, NCC

Telehealth Consent

Please Note: This consent is in addition to the standard consent for therapy and not intended to be exhaustive. This is for the purpose of Telehealth Counseling only.

Client Name _____ Date _____

Telepractice/counseling session (if applicable) **phone:** _____

Telepractice/ counseling session (if applicable) **email** _____

Thank you for choosing Choice Counseling Services, LLC. Please read the following video therapy/phone consent and sign below. If you have **any** questions, please let me know.

1. I understand that I am agreeing to engage in a video or telephone therapy session with my counselor Jerri Shields, MC, LPC, NCC.
2. I understand that the video conferencing/telephone technology will not be the same as an in person session with the counselor due to the fact that I will not be in the same room as my counselor. I also understand that I am responsible for the confidentiality in my space and for best results I should be in a quiet place with limited or no interruptions when I start the session.
3. I understand the potential risks to this technology; include interruptions, unauthorized access and technical difficulties. I understand that my counselor or I can discontinue the video or phone session if it is felt that the videoconferencing or phone connections are not adequate for the situation.
4. My counselor agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I also agree to inform my counselor if there is another person present during the session.
5. I understand that I can direct questions about this video/phone session at any time to my counselor.
6. I understand that this consent will last for the duration of the relationship with my counselor, including any additional video/phone therapy sessions I may have; I can withdraw my consent for a video/phone session at any time.
7. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video/phone therapy session as they would an in-person session.
8. I agree to work with my counselor to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions. That if our session is by phone without video, there will be a manner of assuring my identity.
9. I understand that my counselor may decide to terminate the video/phone therapy services, if they deem it inappropriate for me to continue therapy through video/phone sessions.

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 procedures.
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction by my counselor
- That I agree to participate in a video/phone therapy session(s) with Jerri Shields, LPC

Client Name (Printed) _____

Client Signature _____ **Date** _____

Emergency Contacts:

1) Name _____

Phone _____

2) Name _____

Phone _____

I certify that I have asked if there are any questions or concerns regarding video/phone telehealth. The signature below indicates, at this time, all questions and concerns have been answered.

Jerri Shields, MC, LPC, NCC

Date

Please complete and return to Jerri Shields and Choice Counseling Services, LLC.
Fax number: 480.680.1667, email: jerris@gdc.phxcoxmail.com or bring with you to session, Thank you!