

Addendum for Informed Consent for Telehealth

In addition to the information listed in Catholic Charities' *Clinical Counseling Client Information*, the following pertains to counseling services provided via telehealth format, using interactive audio, video, or data communications:

There are potential benefits (e.g., continuing treatment) and risks (e.g. unanticipated limits to confidentiality) of video/audio conferencing that differ from in-person sessions.

Confidentiality still applies for telehealth services and there will be no recording of sessions without the permission of both parties.

The client agrees to use the video conferencing platform selected by Catholic Charities for virtual sessions. The platform is compliant with HIPAA regulations for privacy.

The client needs to provide their own equipment for sessions. This equipment includes a smartphone, tablet, or laptop/computer equipped with a microphone, camera, and optional headset or earbuds for additional security. An internet connection is also required.

It is important to use a secure internet connection rather than public/free Wi-Fi to help assure confidentiality.

It is important to be in a quiet, private space that is free of distractions during sessions.

To help insure your safety and to comply with licensure requirements it is necessary to inform the therapist of your physical location at the time of a session.

It is important for you to provide a phone number where you can be reached to restart a session or reschedule in the event of technical problems.

If the client is not an adult or has a guardian, the permission of the parent or guardian and their contact information must be provided in order to participate in telehealth.

The client needs to confirm that their insurance company reimburses for telehealth services. The client is responsible for full payment if insurance does not provide coverage.

There may be times when telehealth is not an appropriate format for therapy. In these cases, the therapist will arrange to meet in-person with the client or will make a referral for services.

The client has the right to withhold or withdraw consent at any time without affecting the right to future care or treatment.

This agreement is intended as a supplement to the general informed consent and does not amend any of the terms of that agreement.

I have read, understand, and agree with the information provided above regarding teletherapy, understand the risks and benefits related to the use of teletherapy, have discussed it with my counselor, and have had all my questions answered to my satisfaction.

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

Client Name Printed

Guardian Name Printed

Client/Guardian Signature

Date