



ALIGNED

COUNSELING

CONSENT FOR TELEHEALTH SERVICES

I understand that Aligned Counseling, PLLC offers psychotherapy services through telehealth technology using HIPAA-compliant platforms, including GoogleMeet, SimplePractice, and Zoom.

Potential Benefits

- Improved access to care.
- Reduced travel time and expense.
- Greater flexibility in scheduling.
- Continuity of treatment during illness, travel, inclement weather, or other circumstances.

Potential Risks

- Technical failures or interruptions.
- Delays in treatment due to technology limitations.
- Unauthorized access despite reasonable security safeguards.
- Reduced ability to respond to emergencies compared to in-person treatment.

Confidentiality and Security

Aligned Counseling, PLLC utilizes HIPAA-compliant technology to protect the privacy and security of telehealth sessions. While reasonable efforts are made to maintain confidentiality, no electronic system can guarantee absolute security.

I agree to participate in telehealth sessions from a private location whenever possible and to use a secure internet connection.

Emergency Procedures

I understand that telehealth services are not appropriate for emergencies. If I am experiencing a mental health emergency, I will call 911, go to the nearest emergency room, or contact an appropriate crisis service.

At the beginning of each telehealth session, I agree to provide my current physical location and a telephone number where I can be reached in the event of a technology failure or emergency.



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Technology Interruptions

If a telehealth session is interrupted, reasonable efforts will be made to reconnect. If video services cannot be restored, the session may continue by telephone when clinically appropriate.

Voluntary Participation

I understand that participation in telehealth services is voluntary and that I may withdraw my consent for telehealth services at any time by notifying my provider.

By signing below, I acknowledge that:

- I have read and understand this consent.
- I have had the opportunity to ask questions.
- My questions have been answered to my satisfaction.
- I understand the risks and benefits of telehealth services.
- I voluntarily consent to receive services through telehealth technology.

Signature

Date