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Telehealth Counseling Consent Form

(For clients who wish to engage in distance counseling: phone or visual telecommunications)

Distance counseling (telehealth) appointments may be available as a convenience to the clients of this practice if determined to be appropriate by New Leaf Counseling. Teletherapy is not a substitute for in-person therapy though it can be used if circumstances indicate it is therapeutically appropriate. Clients (and/or parents/guardians) must agree to the following guidelines. Your signature at the bottom of this contract indicates you understand and agree to abide by these guidelines.

- ❖ I understand that telehealth counseling is not intended to be an after-hours or emergency resource for crisis or life-threatening situations. If an after-hours emergency, crisis or life-threatening situation exists, I will call 911 or go to the nearest emergency facility immediately. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.
- ❖ I understand that telehealth appointments occur through the phone/internet and that phone/internet communication is not 100% secure and confidential. New Leaf Counseling will provide a confidential platform for video and confidential surroundings. I understand that it is my responsibility to provide confidential surroundings at my location.
- ❖ I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of New Leaf Counseling to do the same on their end.
- ❖ I understand that I may not make an audio or video recording of any telehealth session, nor will New Leaf Counseling record any telehealth session.
- ❖ It is my responsibility to seek information about telehealth security risks and ways to increase my security while using telehealth prior to my telehealth sessions with New Leaf Counseling.
- ❖ I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- ❖ I understand that if my therapist determines that telehealth is not appropriate for me or my therapeutic situation at any time, she will suggest alternatives for me such as in-person appointments (if possible) or referral resources. I agree to comply with the recommendations of my therapist.

Signature of Client

Date