

# SMART LOVE<sup>®</sup>

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## FAMILY SERVICES

### **Informed Consent for Telehealth Sessions New Clients**

SLFS will provide temporary Telehealth to new clients who are able to benefit from such services during the COVID-19 health crisis. Once the health crisis resolves, SLFS will move back to in-person mental health services.

Please log onto the SLFS website at [www.smartlovefamily.org](http://www.smartlovefamily.org) and go to Counseling Services and click on Forms and HIPAA. Review the Consent Form, Cancellation Form, and HIPAA Privacy Notice before completing this consent.

#### **Telehealth Sessions:**

Prior to starting video-conferencing services, we discussed and agreed to the following:

There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that your therapist will explain to you.

Confidentiality still applies for telehealth services, and nobody will record the session.

We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it.

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

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

If you need to cancel or change your tele-appointment, please follow the regular Cancellation Policy.

We need a back-up plan (e.g., phone number) to restart the session or to reschedule it, in the event of technical problems.

We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

If you are not an adult, we need the permission of your legal guardian for you to participate.

**As your therapist, I may determine that due to certain circumstances, telehealth is not an appropriate method to conduct sessions and that we should develop an interim plan for services that meet your needs.**

**My signature below indicates that I have read this Telehealth Consent in addition to the SLFS Services Agreement/Consent, Cancellation Form, and HIPAA Notice, and consent to treatment and its terms.**

Client Name: \_\_\_\_\_

Signature of Client (12 and older): \_\_\_\_\_

Signature of Client's Parent/Guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_