**Amber Bauerle, LICSW**
**Vantage Point Counseling, Inc.**
**5802 S. 900 E. #12 Murray, UT 84121 (385)515-5445 amberb@vpcounseling.org**

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## Informed Consent for Telehealth Services

Telehealth Informed Consent Form I, _____, hereby consent to engaging in telehealth at Vantage Point Counseling with therapist, Amber Bauerle, LCSW as part of my psychotherapy progress.

• I understand that "telehealth" includes the practice of health care delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psychoeducation using interactive audio, video, or data communications.

• I understand the potential risks of telehealth, which may include the following: 1) the video connection may not work, or it may stop working during a session; 2) the video or audio transmission may not be clear.

• I understand that it is my responsibility to ensure that my physical location during videoconferencing is private, and free from other people and interferences.

• I understand that recording of sessions is prohibited by both client and counselor.

• I understand that I will need to have a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. Telehealth services are provided via a HIPAA-compliant technology which receives video and audio and stores all information and information related to my treatment in a manner that is compliant with state and federal laws.

• I also understand that in case of technology failure, I may contact Amber Bauerle, LCSW via phone to coordinate alternative methods of treatment.

• I am responsible for contacting my insurance company, if applicable, to determine what my out-of-pocket costs may be. I authorize insurance benefits to be paid directly to Vantage Point Counseling, Inc. and that said company may release any information to my insurance provider required for processing my claims.

• I am aware of the fees associated with telehealth appointments and agree to pay at the time of my appointment. I understand that I am responsible for cancelled telehealth appointments in accordance with the Vantage Point Counseling cancellation policy as documented by my signature on the Informed Consent.

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• I understand that telehealth appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. I agree that crisis or mental health emergencies should be directed to the local county crisis line or by dialing 911.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Acknowledged:

Client Signature_____ Date_____

Client Signature_____ Date_____

Therapist Signature_____ Date_____