

## INFORMED CONSENT FOR TELEHEALTH

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(860) 288-7870

## Informed Consent for Telehealth

Please take your time to read over this contract and be sure to ask any questions you may have prior to signing it.

Client Name

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Date of Birth

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Client Address

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## Benefits, Risks and Limitations of Telehealth

Telehealth is a wonderful medium for providing parent counseling. It allows for greater accessibility, flexibility, and continuity of care. However, there are some limitations inherent to telehealth.

1) Due to factors outside of Laura's control, there may be technical difficulties. Your appointment may be interrupted or canceled due to internet instability or outages. This may be uncomfortable for you depending upon when this occurs during the session. It is always a good idea to check your connectivity well in advance of your sessions and let Laura know if you are experiencing any technical difficulties. You can then discuss alternatives (such as a different telehealth platform or a phone counseling appointment).

2) A computer screen limits Laura's ability to make clinical observations. She may miss non-verbal or subtle cues that would be beneficial to the therapeutic process and your treatment. Due to video quality, you or Laura may misinterpret facial expressions or body language.

3) Depending upon the environment you choose for your sessions, you may feel less comfortable during telehealth sessions than you would during in-office sessions. It is very important to minimize distractions and interruptions. Telehealth sessions will not be conducted if you are driving. Please discuss any concerns about this with Laura prior to the start of treatment.

4) Laura is only licensed to practice therapy in the State of Connecticut. You must be physically present in the state of Connecticut for all of your telehealth appointments. If you will be located outside the state of Connecticut during your next telehealth therapy appointment, please let Laura know so your appointment can be rescheduled.

5) Telehealth therapy is not appropriate for a client who is in crisis. Laura is not currently accepting clients who are in need of crisis counseling.

## Safety Planning for Telehealth Services

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person treatment. To address some of these difficulties, you will be asked to provide an emergency contact person who will be accessible during your counseling sessions. You will be asked to sign an authorization form allowing Laura to speak to your emergency contact should one arise.

At the outset of each session, Laura will ask about your location, assess for your level of safety, and encourage you to find a location for your session that is private and where the content of your session cannot be overheard.

If your session is interrupted for any reason and you are in crisis at that moment, please do not attempt to contact Laura. Contact 211 to be connected with a crisis counselor. Or if your safety is at risk, contact 911.

If your session is interrupted and you are not in crisis, disconnect from the virtual call and wait one minute. If the next attempt to connect is not successful, you may call Laura at 860-288-7870 to discuss alternative ways to complete your session.

## Your Rights Regarding Telehealth Therapy

1) You have the right to maximum privacy. Laura will always conduct your telehealth sessions in a secure location, and will always use ear buds. Laura uses only secure, HIPAA compliant platforms for your telehealth counseling sessions.

2) You have the right to confidentiality. Your telehealth sessions will not be recorded in any way.

3) You have a right to only pay for services rendered. If there are technical difficulties that prevent a full session, you will be charged a pro-rated amount based on the amount of actual session time that took place.

4) You have the right to discontinue telehealth services at any time if you feel that it is not an appropriate form of treatment for you. Laura will work with you to secure a referral to an in-person therapist.

## Telehealth Informed Consent Contract

I understand that Laura cannot conduct virtual counseling services to clients who are not physically present in the state of Connecticut at the time of the session. I agree to tell Laura if and when I will be out of state so my appointment can be rescheduled.

(check box to initial)

I agree

I agree to conduct my telehealth appointments in a private location free from distractions or interruptions. I agree to give my full attention to the session. I understand that Laura may reschedule my appointment if these expectations are not met.

(check box to initial)

I agree

I understand and accept the risks of telehealth counseling including disruptions of sessions, limitations to clinical observations, and distractions.

(check box to initial)

I agree

I agree to the telehealth safety plan outlined in this document and will follow the instructions if our sessions are interrupted.

(check box to initial)

I agree

I have had time to review this document and have asked all the questions necessary to understand it.

(check box to initial)

I agree

New Signature Field

Use your mouse (or, on a touch device, your finger) to draw your signature in the box above.

Today's Date

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You may print a copy of this document for your records and for easy reference.

