



Alabama Center for Counseling

Virtual Visit Informed Consent

Welcome to Alabama Center for Counseling. This statement of understanding has been prepared to help explain policies and procedures related to electronic services or virtual visits provided by counselors and social workers.

As a client receiving psychological services through Telehealth methods, you understand:

1. This service is provided by technology (including but not limited to video, film, text and email) and will not involve direct, face to face, communication. There are benefits and limitations to this service. You will need access to, and familiarity with, the appropriate technology for participation in the service provided. Exchange of information will not be face to face, and any paperwork exchange will likely be exchanged through electronic means or through Postal delivery.
2. Telehealth (virtual visits) may not be covered by insurance period. You should be aware of your insurance policy and contact your insurance company to see if telehealth is covered under your plan.
3. Telehealth will require your consent to have a credit card on file: _____ (initial)
4. If a need for direct, face-to-face services arises, it is your responsibility to inform your provider, or to contact this office for a face-to-face appointment. You understand that an opening may not be immediately available.
5. You may decline any telehealth services at any time without jeopardizing your access to future care, services, and benefits.
6. These services on technology allows for greater convenience and service delivery. There are risks in transmitting information over the Internet that include, but are not limited to, breaches of confidentiality and disruption of service due to technical difficulties. While specific encryption measures have been taken by your provider confidentiality of computer mediated communication cannot be 100% guaranteed. Your provider will take every measure to

safeguard your information but you should be aware that there is very small chance the information may be stolen from transmission between yourself and the provider.

7. Also, if you decide to save the information discussed in your virtual online visits to your computer as a transcript, you are encouraged to take steps to ensure this information remains confidential. Possible breaches to your privacy could occur if another individual(s) has access to your computer.
8. Additionally, counselors and social workers have a duty to warn. If there is an indication that the patient is in danger to themselves or others, in this case- the local, emergency services will be contacted. A personal contact number for emergencies should also be listed here.

9. Virtual visits provide many convenience and advantages for patients, however, not all issues or problems are clinically appropriate for online services. Your provider may recommend the provision of face-to-face services for specific issues. The provider and the patient will regularly reassess the appropriateness of continuing to deliver services through the use of technology.
10. Any family member or other individuals that you would like to have present during the virtual visit must also sign this document to ensure patient safety and privacy All individuals present for the virtual visit must be identified so the provider is aware of who is participating.
11. In the event of disruption of service, or for routine administrative reasons, it may be necessary to communicate by other means. Please provide us with your callback number and in the session is interrupted. _____ Should service be disrupted you may contact our office at 256-808-2522. Your therapist may utilize alternative means of communication in the following circumstances: technical disruption.
12. Virtual visit should not be used for emergency medical or mental health needs. Our staff responds to communications and routine messages within 72 hours. In emergency situations call 911 and/or go to the nearest emergency room.
13. It is your responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications. All information regarding communications will be maintained in accordance with the HIPAA standards. Communications exchanged with your provider following manner: note summarizing the session will be kept in your electronic medical record.

14. The laws in professional standards that apply to in person psychological and counseling services also apply to Telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

I consent to virtual visits with my clinician:

Patient name: _____ Date: _____

Guardian if applicable: _____ Date: _____

Other attendee: _____ Date: _____