

Tele behavioral Health Consent

I understand that I am participating in online mental health counseling with,
_____, at Myers Counseling Group. I agree to
the following:

1. I have read the Myers Counseling Group Guidelines for tele behavioral Counseling.
2. It has been explained to me how the video conferencing technology will be used to conduct a visit.
3. The counseling session will be conducted through video conferencing and I will not be in the same room as my therapist at the time of session.
4. Tele behavioral counseling abides by the same confidentiality and HIPPA regulations as in person sessions.
5. I understand that my insurance company will be billed for services and I am responsible for the balance including copays, deductibles and nonpayment of services. Assignment of benefits from my insurance to Myers Counseling Group is agreed upon. If I do not have insurance, I agree to abide by the agreed upon fee for self-pay services.
6. Myers Counseling Group and my therapist can only control factors from our end (sending). You are responsible for computer security from your end (receiving).
7. Sessions shall not be recorded unless agreed upon by all parties.
8. Myers Counseling Group can only conduct online sessions in the State of Illinois. It is agreed that sessions will be conducted when the client (participant) is physically located in the State of Illinois.
9. If a minor is the client, or part of therapy, it will be agreed upon by all parties (including the minor) as the establishment of who will participate in each given session. This includes who will be in the room when sessions are being conducted. The confidence of the individual participating in counseling is paramount and required for therapy. It is agreed that privacy will be required and if there is any violation of privacy in regard to the client, online sessions will be terminated.

10. Your therapist maintains the right to terminate services if he/she determines that online services cannot meet the needs of the participant(s).
11. Paperwork will be completed prior to session taking place.
12. It is understood that Myers Counseling Group/Therapist, cannot guarantee connection to the internet. Myers Counseling Group will do its best to ensure a consistent signal. If either party feels that the quality of the internet connection will interfere with therapy and therapeutic process, the session will be cancelled and rescheduled. We also offer the option of continuing the session by telephone.

Client name: _____

Date of birth: _____

Client name: _____
(if couple both need to sign)

Date of birth: _____

Date: _____

Client signature: _____
(sign above) Digital signature accepted.

Client signature: _____
(sign above) Digital signature accepted.
(if couple both need to sign)