



Sheltering Oaks Counseling
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11. Telehealth Consent

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Telehealth Consent

The purpose of this form is to obtain your consent for tele-mental health sessions with your counselor. The purpose of these sessions is to continue the work you and your counselor have been doing in therapy in person.

Telemental health services are used when your counselor/therapist cannot be physically present with you during a session. Your counselor may be present at another location and available to serve you through available technology. Instead of talking to someone on the phone at another location, Telemental health services use a video camera and computer to send both voice and personal images (pictures) between you and mental health staff so not only can you talk to each other, but you can also see each other. This allows your counselor to make a better evaluation of your needs and to provide the best support and care as you work toward your therapy goals.

Other than you and mental health staff not being in a room together, there is very little difference in these sessions and in-person sessions. Your counselor will ask and document clinical information that you share with him/her, document the service that is provided, and ensure that documentation is included in your clinical record for future reference.

The potential risk of Telemental health services is that there could be a partial or complete failure of the equipment being used which could result in your counselor's inability to complete the session as scheduled. Our practice if this happens is to try to correct the problem three times, and after that to reschedule the session.

There is no permanent video or voice recording kept of the Telemental health service's session.

All existing confidentiality protections apply.

All existing laws regarding client access to mental health information and copies of mental health records apply.

Payment for Telemental health sessions is the same for in-person sessions, as they require the same amount of time to be set aside by your counselor. You can provide a credit card for us to keep on file for these sessions, or send payment through the US mail. If you use the US mail, we will need to receive payment prior to your next session.

By checking the box below (and with my signature if this is a paper copy), I consent to Telemental health services in circumstances in which in-person counseling sessions are not available. My mental health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the written information provided above.

Consent for Telemental Health sessions