

### **Informed Consent for Telehealth**

The Center for Christian Counseling continues to be dedicated to its mission to provide “*counseling from licensed mental health professionals accessible to anyone who has need.*” In order to facilitate ongoing access to therapeutic services, the Center for Christian Counseling offers counseling via electronic means. Telehealth counseling is offered only to clients who are physically in Virginia at the time of their counseling because our therapists are licensed to practice only in Virginia.

#### **Therapist’s responsibility:**

1. To make every reasonable effort to ensure that the therapist is transmitting from a confidential location.
2. Whenever possible, to make all reasonable efforts to adhere, and comply, with the standards and practices set forth by HIPAA and the American Counseling Association (ACA). The therapist will provide Telehealth services through a HIPPA-approved, encrypted online platform such as Zoom, Doxy.me or other electronic means. If technical difficulties arise, the therapist will call the client on the telephone number provided by the client on their intake paperwork to troubleshoot the issue.

#### **Client Responsibility:**

1. The Client acknowledges that they have been informed of the inherent differences between in-person therapy and sessions via electronic means, as well as the level of security associated with the use of technology.
3. The Client gives permission to the Center for Christian Counseling, and its contracted therapist, to send and receive Audio and Visual images of the client during the scheduled session time, and through the agreed-upon electronic methods.
4. The Client agrees to make payment for their session prior to the start of their session by using the web address listed below:

<https://www.centerforchristiancounseling.net/payments/>

5. The Client will use a reliable Internet connection via an Ethernet cable, or use a sufficient source of wireless Internet, as there is a likelihood that cellular data plans will not be appropriately reliable.
6. The Client acknowledges that the Center for Christian Counseling cannot ensure the security of the transmission, or whether the Client is receiving the transmission in a private and secure location.
7. The Client agrees to conduct the session confidentially in a private and secure location without the distraction of phones, children, or other persons in the room with them.
8. The Client agrees that no recording of sessions is allowed without the mutual agreement of all parties.

**Center for Christian Counseling**  
513 Forest Ave., Suite 200  
Richmond, VA 23229  
(804) 517-5815

**Agreement:**

I, the Client, \_\_\_\_\_  
Print Name of client(s)

choose to utilize the option of receiving telehealth counseling services provided by the Center for Christian Counseling and its contracted therapist via Zoom, Doxy.me, or other HIPPA-compliant electronic means. I additionally agree to counseling by insecure electronic means, such as the telephone, when warranted and mutually agreed upon.

In doing so, I (the Client) agree to hold the Center for Christian Counseling, its employees, and its contracted therapists free from negligence and liability that may arise from any damages which may occur proceeding from my (the Client's) choice and desire, to utilize any of the above-named media for my counseling session.

I, the Client, agree to make payment for services prior to receipt of services. I understand that if I am not physically in Virginia at the time of the session, that therapy cannot proceed, and I am responsible to pay for the session if cancellation occurs less than 24 hours before the session.

\_\_\_\_\_  
Print Name of client(s)

\_\_\_\_\_  
Date