



Insight Counseling & Therapy

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Insight Counseling and Therapy Technology-Assisted Services (Tele-therapy) Consent Form

Printed Clients Name: _____ **Date of Birth:** _____

In order to provide services to you using technology assistance (Tele-therapy), we need to be sure you are aware of the privacy issues that could arise when engaging in Tele-therapy, and to document that you are aware of these issues and agree to them. If you want to engage in our counseling services using Tele-therapy, please read and sign the form below.

Potential Risks of Using Tele-therapy:

Insight Counseling and Therapy may offer clients the ability to engage in Tele-therapy if the client chooses to do so. In the case of children under 18 years old, the parent or legal guardian must approve of Tele-therapy services and sign this consent. Tele-therapy has a number of potential risks one should consider before making a final decision about its use. These include, but are not limited to, the following:

1. Potential for technology failure and interruption of services.
2. Potential for confidentiality breaches.
3. Prevention of unauthorized use of unethical purposes.
4. Higher cost of technology.

Potential Benefits of Using Tele-therapy:

Just as there are potential risks, Tele-therapy has a number of potential benefits one should consider before making a final decision about its use. These include, but are not limited to, the following:

1. Enhancing access to behavioral health services that are unavailable in person because of geographical distance, clients' disabilities, or illnesses.
2. Real-time monitoring of clients' status, when appropriate.
3. Enhancing access to services because of clients' scheduling challenges.
4. Providing more cost-effective delivery of social work services.
5. Reducing the frequency of clients' travel to obtain mental health services.

Conditions for the Use of Tele-therapy:

Insight Counseling and Therapy will use reasonable methods to protect the security and confidentiality of information sent and received via Tele-therapy. However, because of the risks listed above, Insight Counseling and Therapy cannot guarantee the security and confidentiality Tele-therapy communication and is not responsible for improper disclosure of confidential information that is not caused by Insight Counseling and Therapy's intentional misconduct. Consent to the use of Tele-therapy includes agreement with the following terms:

- a. Tele-therapy services can be requested and initiated by the consumer or the minor consumer's parent/guardian.
- b. You must supply your own technology to engage in Tele-therapy services. This will either be a computer with internet access or a smart phone with the Zoom App installed.
- c. You may withdraw consent to Tele-therapy via written communication to the provider at any time.
- d. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room immediately.

Consumer Acknowledgment and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with Tele-therapy and consent to the conditions herein. I acknowledge that I have access to the required technology to engage in Tele-therapy, and I understand it is my responsibility to ensure my access to this technology is not interrupted during my scheduled sessions. Any questions I may have had were answered.

CLIENT SIGNATURE _____

DATE: _____

CLIENT PRINTED NAME: _____

DATE: _____

Witness/Responsible Party's Signature: _____

DATE: _____