Telemedicine Informed Consent Form

I_____hereby consent to engaging in teletherapy with my existing therapist at Crossroads to Pathways Counseling . I understand that "teletherapy" includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually, to Crossroads to Pathways Counseling via the teletherapy service, Google Suite Meet, Doxy.Me, or RingCentral (All HIPAA compliant video platform services). A BAA has been signed and agreed upon to uphold HIPAA through these platforms.

I understand that I have the following rights with respect to teletherapy:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

(3) I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons (e.g. hacking); and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve, and in some cases may even get worse.

(4) I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.

(5) I understand that I have a right to access my medical information and copies of medical records in accordance with Alabama law.

(6) I understand that, per the ethical guidelines of the state of Alabama, teletherapy services can ONLY be provided to those residing in the state of Alabama at the time of service.

(7) I also understand that teletherapy is not always a covered service by my insurance plan, and it is my responsibility to check with my individual plan to determine if teletherapy is authorized. The patient will ultimately be responsible for all fees related to teletherapy that insurance does not cover.

(8) Teletherapy will be billed at the same rate of individual therapy services and all copays are due

on the day of services.

(9) Teletherapy is a temporary service that is being offered to some of Crossroads clients due to extreme circumstances as a precautionary measure. Once these circumstances abate, therapy sessions may return to in-person services as previously scheduled. Please contact your therapist directly if you have any questions.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

_____	_____
Signature of Patient	Printed name of Patient
_____	_____
Date	Signature of psychotherapist
	_____
	Signature of Guardian or Parent of minors