

Telehealth Consent and Release for Counseling, Art Therapy and Supervision

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- Telehealth means that mental health service sessions are provided using electronic media when the provider and client are in separate locations.
- Telehealth has risks, including:
 - Sessions could feel different than in-person meetings, affecting goals, methods and outcomes in a variety of ways depending on the individual.
 - Sessions could be interrupted by technology issues such as failures of computers, smartphones, internet connections or power supply.
 - Sessions could be interfered with by people trying to disrupt or access your health information such as “hackers” or employees of internet or other technology service providers taking advantage of their access.
 - Confidentiality is more difficult to control based on where the client is located during sessions and what technology they use.
 - If a client is using technology from their place of work, such as a computer or internet connection, their employer may have access to the client’s private information transmitted during telehealth sessions.
- As your telehealth provider, I will treat telehealth sessions with the same care for confidentiality as in-person sessions (listed in the informed consent and professional disclosure statements). However, due to the risks listed above, I am not able to guarantee the security and confidentiality of telehealth information.

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- As your telehealth provider, I will offer you ways to connect that are compliant with HIPAA, the federal standards for confidentiality of health information. If you request that we connect via other methods, we can do so with your understanding that I cannot guarantee they meet the same standards of confidentiality.
- As a telehealth provider I am not liable for any breaches of confidentiality that are caused by the client.
- Clients may withdraw consent to use telehealth at any time by email or other written communication.

I have read and understand the information listed above and consent to the use of telehealth for my sessions:

Print client name: _____

Client signature: _____

Print representative name (if applicable): _____

Representative signature (if applicable): _____

Date: _____