

The Compass Center for Wellness, PLLC
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512 686-6341

Telehealth Services Informed Consent

I hereby consent to engaging in telehealth/ telehealth psychotherapy with a staff therapist at The Compass Center For Wellness, PLLC. I understand that “telehealth” includes the practice of education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making. Telehealth psychotherapy may include psychological health care delivery, diagnosis, consultation, and psychotherapeutic treatment. Telehealth psychotherapy will occur primarily through interactive audio, video, and telephone.

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

- (1) I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, Client may schedule to meet with TCCFW, PLLC therapist by phone, text, or email.
- (2) I must complete a phone consultation with the therapist prior to participating in telehealth. The Compass Center For Wellness, PLLC therapist will inform you if telehealth services are appropriate for you.

Receiving telehealth services may be contraindicated with:

- Recent suicide attempt(s), psychiatric hospitalization, or psychotic symptoms (last 3 years)
- Moderate to severe major depression or bipolar disorder symptoms
- Moderate to severe alcohol or drug abuse
- Severe eating disorders
- Repeated “acute” crises (e.g., occurring once a month or more frequently)

(3) For a Client to receive telehealth services from TCCFW, PLLC, she/he must be physically located in a state where the telehealth provider is licensed (i.e., Texas). Telehealth service may not be provided in international jurisdictions.

(4) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions 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 another person(s); expressed threat to harm or kill self, 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 telehealth interaction to other entities shall not occur without my written consent.

(5) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of TCCFW, PLLC therapist and the use of a HIPAA compliant video platform, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons. In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services.

I also understand that if my therapist believes I would be better served by another form of intervention (e.g. face-to-face services) I will be scheduled for a face to face appointment on site, or referred to a mental health professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some instances may get worse.

(6) I understand that I may benefit from telehealth psychological counseling, but that results cannot be guaranteed or assured.

(7) I understand that I have a right to access my personal information and copies of case records in accordance with Federal and Texas law. I have read and understand the information provided above. I have discussed it with my therapist, and all of my questions have been answered to my satisfaction.

(8) By electronically or signing this document in person, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer based psychological counseling services.

- If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area. I understand that emergency situations include if I have thought about hurting or killing either another person or myself, if I have hallucinations, if I am in a life threatening or emergency situation of any kind, having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.

- I acknowledge I have been told that if I feel suicidal, I am to call 9-1-1 or the Harris Center Crisis Hotline at 713-970-7000 (option 1)

I understand that I have a right to contact the Texas Board of Examiners of Professional Counselors at 512 834-6658 if I am concerned about any ethical impropriety. I also understand that I may choose to voice my concerns to Alessia F. Madkins M.M., LPC, Executive Director of The Compass Center for Wellness, PLLC, as well.

Client Signature

Date

Therapist Signature

Date