

Churchill Counseling Services, Inc.
Consent to Electronic Service Delivery (Online Counseling/Telehealth)

Client Name _____

The use of online counseling (also called telecommunication, telemedicine, telehealth, electronic service delivery) has been shown to be effective; it involves special considerations.

1. Prior to offering such services, a client must be seen in face-to-face counseling for a diagnostic assessment to assess suitability for online counseling. (Audio-visual permitted)
2. If a client changes their legal residence to a location outside of Ohio, Churchill will not be able to continue to provide services, at which time an appropriate continuity of care plan will be developed.
3. Emergency: In the event of an emergency, the client will call our office (if after hours, call 911), or go to their nearest emergency department.
4. If the use of technology does not seem to be working well, the client may continue with face-to-face counseling on Churchill's premises.
5. Documentation of online counseling sessions will be maintained in the same manner as face-to-face sessions.
6. If the online session is not covered by the client's insurance, the client will be responsible for payment of the online session.
7. Churchill Counseling cannot guarantee that online sessions will remain confidential due to possible risks of hacking, using a public access computer or shared network, using autofiller names and/or passwords. Should Churchill Counseling become aware of a breach of security, the client will be notified as soon as possible.
8. I understand that CCS may offer online counseling via doxy.me , Therapynotes, or other HIPAA protected apps. Apps that are not HIPAA protected are not guaranteed formats for client confidentiality.
9. Online sessions will not be video or audio recorded.
10. If a session is interrupted due to power or technology failure, attempts will be made to reconnect, either through email or telephone.
11. I choose to use the following methods of electronic service delivery (check all that apply):
_____ Doxy.me _____ Telephone _____ Text
_____ Other _____
12. I do not wish to receive telehealth services.

I have read and agree to receive online counseling, per the statements above.

Client

Date

Parent/Guardian (if required)

Date

Witness

Date