



**Jennifer L. Harkins, LPC, PLLC**

**INFORMED CONSENT TO TELEHEALTH**

Telehealth allows my counselor to diagnose, consult, treat and educate using interactive audio, video/data communication regarding my treatment. I hereby consent to participate in counseling via telephone/internet (hereinafter referred to as Telehealth) with Jennifer L. Harkins, LPC.

I understand I have the following rights under this agreement:

I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person counseling. Any information disclosed is generally confidential, by law, but with exceptions including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such a condition to be a danger to myself or others, my counselor has the right to break confidentiality to prevent the threatened danger.

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

I understand that while treatment of various types has been found to be effective, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.

I understand that there are risks unique and specific to Telehealth, including but not limited to the possibility that sessions could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.

I have read and understand the information provided above. I have the right to discuss any of this information with my counselor and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Telehealth communications by providing written notification to my counselor. My signature below indicates that I have read this Agreement and agree to its terms.

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Printed Name

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Signature

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Date