



*The Counseling Practice of Ray Sibert, LPC-S*  
**INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES**

Telehealth Services are defined, for this document and our purposes, as counseling/therapy via video-conferencing or telephone (land line or mobile).

Prior to starting video-conferencing or telephonic services, I have read, understand and, if needed, discussed with my counselor, and agreed to the following:

- I will provide to my counselor a "Telehealth Verification Code." This is a code word, phrase or number that only my counselor and I will know. This "Code" may be requested of me (the counselee) at any time by the counselor to verify that I am the person on the telephone or in the virtual counseling session. I will provide this Code in my Registration Forms paperwork.
- I understand that in virtual or in-person sessions, the counselor may request to be shown a copy of a picture ID card (Drivers License, Official State ID Card, Military ID Card, Visa or Passport) in order to verify my identity. The counselor may request a copy of this to maintain in my electronic file.
- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).
- I agree to use the video-conferencing or telephonic platform selected for our virtual or telephone sessions, and the counselor/therapist will explain how to use it.
- I understand that I will need to use a computer with a webcam, or smartphone for virtual sessions.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your telehealth appointment, you must notify the counselor/therapist at least 24 hours in advance by phone or email.
- I understand technical problems can and sometimes do arise. As a back-up plan I will provide a phone number where I can be reached to restart the session, or to reschedule the session if needed.
- As a safety plan in the case of an emergency, I may be asked to provide the name and phone number of at least one emergency contact and/or the closest ER to my location in the event of a crisis situation.
- If you are not an adult, the counselor needs the signed permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- You should confirm with your insurance company that the video/telehealth sessions will be reimbursed. If they are not reimbursed, you are responsible for the full payment of the session.
- As your counselor/therapist, I may determine that due to certain circumstances, telehealth services are no longer appropriate and that we should resume our sessions in-person, or make other arrangements.

Therapist Name: Raymond Sibert, LPC-S      Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Signature of Patient/Patient's Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_