

**Cinda Hardin, M.S., M.Ed., LPC, LAC**  
**Licensed Professional Counselor, Licensed Addiction Counselor**  
**621 4<sup>th</sup> Street, Windsor, CO 80550**  
**710 South Street, Castle Rock, CO 80104**  
**Cell: (303) 886-5820, Fax: (303) 479-7205**

### **TELEHEALTH CONSENT**

The purpose of this document is to obtain consent for Telehealth Services with Cinda Hardin, M.S., M.Ed., LPC, LAC. In order to maintain care under certain circumstances, Cinda Hardin may offer to conduct individual sessions, group sessions, and assessments via Telehealth service. Telehealth service is the delivery of healthcare services when the therapist and client are not in the same physical location/site through the use of various technology. This could include video sessions via Telehealth software on a computer or tablet, or phone sessions.

#### **Risks/Benefits of Telehealth Sessions**

Generally speaking, the risks and benefits of Telehealth are similar to those of in-person sessions. There are additional risks, however. First, although I will use secure platforms (e.g., Doxy.me, Vsee) with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information. Second, since you will be completing sessions in your own home or other chosen environment, I cannot guarantee the same level of privacy that you have when you are in my office. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible. Third, in the event of group sessions conducted via video, it is possible that your confidentiality could be breached if others in the group are not in a confidential setting. Finally, although technology is wonderful, at times there can be glitches (internet connections lost, power outages or batteries dying, and hardware failures) and this can interrupt the time of the session. This lost time may not be able to be made up.

In order to reduce risks to confidentiality, I suggest that all video or telephone sessions occur in a private room with no one else present and that you wear headphones to limit the possibility of other people overhearing confidential information. In group video sessions, you have the option to turn off your camera so that others may not see you.

The benefits include receiving services at times or in places where the service may not be otherwise available, receiving services in a fashion that may be more convenient and less prone to delays than in-person meetings, and receiving services when you are unable to travel to the provider's office. Telehealth can also allow you to receive services from a location that you are comfortable in and, if childcare is an issue for you, you will be able to receive services while your children are safe and at home in their own environment with their own toys.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- I understand that I have undertaken to engage in a Telehealth encounter for myself (or my child) that will contain personal identifying information as well as protected health information, as well as audio and/or video recordings of sessions.
- I understand that the therapist/assessor will be at a different location from me.
- I understand that I have the right to withhold or withdraw my consent to the use of Telehealth services at any time in the course of my care, without affecting my right to future care or treatment.
- I have been informed of and accept the potential risks associated with Telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to Telehealth, and that no information obtained in the use of Telehealth which identifies me will be disclosed to other entities without my consent or as may be allowed by law.
- I have been given the opportunity to ask my provider questions relative to my Telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, I certify that:

- ✓ I have read and/or had this form explained to me;
- ✓ I fully understand its contents including the risks and benefits of Telehealth services; and
- ✓ I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date