

ARR Counseling, LLC

Telehealth Consent

Telehealth is an electronic communication that enables mental health professionals to connect with individuals using interactive video and audio communication.

The following are guidelines and expectations with respect to telehealth:

Privacy expectations and limitations are posted for review at any time on ARRCounseling.com, the company website.

There are risks and consequences from telehealth including, but not limited to the possibility that despite reasonable efforts on the therapist's part, the transmission of personal information could be disrupted or distorted by technical failure and/or personal information could be interrupted by unauthorized people. ARR Counseling, LLC uses secure audio/video transmission using the platform provided by Theranest.

Telehealth is conducted at the consent and the discretion of the therapist.

Telehealth sessions are 45 minutes long. They must be scheduled in advance and are not used for emergency purposes. If there is an emergency, please call 911 or go to the nearest emergency room.

Payment is the responsibility of the client to be paid at the beginning of the session. If the therapist participates in the client's network, an initial invoice will be submitted to the client's insurance company. If the invoice is unpaid, the client will be responsible in full for the amount due at the time it is processed by the insurance company. If the client believes the invoice was not paid in error, the client will need to follow up with the insurance company. It is recommended that the client check with the insurance company prior to the session to understand his/her rights as it comes to payment for telehealth.

By signing the Telehealth Consent form, I agree to the above guidelines and expectations. As the client, I understand that it is my responsibility to provide a safe place for myself at the time of the session. (Operating a moving vehicle at the time of the session is not safe.) I also guarantee that no one else will be in attendance unless I have consent from the therapist. I understand that no recording of the session is permissible without the written consent of the therapist. I understand that if I am in violation of the guidelines and expectations, the therapy session will end, and the appropriateness of telehealth will be reevaluated.

Client

Date