

Paula Helsby, MA, MS, MA, NCC
Licensed Professional Counselor
117 NE 3rd Ave. Canby, OR 97013 503-263-5599
103 South First Street, Suite 200, P. O. Box 1001, Silverton, OR 97381
503-873-3608 www.counselingbypaula.com

Tele-Behavioral Health Informed Consent

Tele-behavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a counselor and a client who are not in the same physical location.

You will need access to, and familiarity with, the appropriate technology in order to participate in the service provided. The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.

There are limitations to this service.

Risks. Tele-behavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized.

Among the risks that are presently recognized is the possibility that the technology will fail before or during the counseling session, that the transmitted information in any form will be unclear or inadequate for proper use in the counseling session, and that the information will be intercepted by an unauthorized person or persons.

Please use your own equipment to communicate and not equipment owned by another, and specifically not using your employer's computer or network.

Should a disruption in services happen, a phone will be used as back up. Also, other forms of communication can be used such as text and email.

You may decline any tele-behavioral health services at any time without jeopardizing your access to future counseling services.

The laws and professional standards that apply to in-person services also apply to tele-health services. This document does not replace other agreements or documentation of informed consent.

If you think you will be facing an emergency situation that could result in harm to yourself or another person; do not seek tele-behavioral counseling. Instead, seek care immediately with your own health care provider or at the nearest hospital emergency department or by calling 911.

Please list emergency contact:

Person: _____ Relationship _____

Phone _____.

I have read this document and voluntarily consent to participate in tele-behavioral counseling.

Name Date

Consent to Treat a Minor:

Name of Minor Name of Parent Date

