



Consent for Telehealth Services

I, hereby consent to engaging in Telehealth by Theranest, as the client, parent, or guardian of a client at Wildflower Counseling, PLLC as a part of my therapy. I understand that “telehealth” includes the practice of health care delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psychoeducation using interactive audio, video, or data communications. I understand that Telehealth by Theranest is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and there are no passwords required to log in. Telehealth by Theranest allows access to mental health services that might not otherwise be available to me due to my mental health, and/or my physical, resource, or geographic limitations.

TECHNOLOGY

If utilizing a personal computer or mobile device I will not need to download any software or applications to use Telehealth by Theranest . I will also need to have a broadband internet connection or good cellular connection for services. I understand that the device I choose to use will need to be equipped with audio and visual capabilities. I also understand that in case of technology failure, I may contact my clinician at Wildflower Counseling, PLLC via phone to coordinate alternative methods of treatment.

VIDEO/AUDIO RECORDING

As a general practice Wildflower Counseling, PLLC **DOES NOT** record telehealth sessions. Audio or video recordings of sessions by the client is prohibited without prior permission.

FINANCIAL OBLIGATIONS

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide advanced notice of 24 hours prior to your scheduled appointment. For all sessions, after 3 no-show/no-calls you will be terminated from treatment. Our policy for individual/family/couple’s psychotherapy is to charge a rate of one-half of the rate of the service scheduled for the missed appointment. In most cases, cancellation fees are not covered through insurance.

Insurance Reimbursement: I understand that **I am responsible for contacting my insurance company, to determine what out-of-pocket costs may be for services rendered via telehealth, and agree to pay any fees not covered by my insurance company. If my insurance requires a specific telehealth provider, I will notify my therapist of the service to determine if it can be used in place of Telehealth by Theranest.** I authorize insurance benefits to be paid directly to my clinician at Wildflower Counseling, PLLC and that Wildflower Counseling, PLLC may release any information to my insurance provider required for processing my claims. I have reviewed all of the treatment policies and procedures in the Consent for Treatment & Policies.

Self-Pay Clients: I am aware of the fees associated with telehealth appointments and agree to pay when invoiced. I understand that I am responsible for cancelled telehealth appointments in accordance with the Wildflower Counseling, PLLC cancellation policy as documented by my signature on the Consent for Treatment & Policies.

SCHEDULING

I understand that scheduling is conducted through my therapist at Wildflower Counseling and is based on my therapist’s normal business hours. Telehealth appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. Crisis or mental health emergencies should be directed to the local county crisis line or by dialing 911. Please refer to our Consent for Treatment & Policies for additional phone numbers/contacts.

CONFIDENTIALITY

Wildflower Counseling, PLLC telehealth appointments are conducted through Theranest which is HIPAA secure to protect your privacy and confidentiality. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. **When I engage in my telehealth appointment, I agree to be in a location that is secure and private to ensure my own confidentiality. If I am not in a location that is secure / confidential Wildflower Counseling, PLLC reserves the right to discontinue the session and reserves the discretion to record the session as a missed appointment depending on the frequency that this confidentiality policy has been violated.**

I acknowledge that I understand and agree with the following in respect to telehealth:

1. I have the right to withdraw my consent at any time.
2. I understand that there are risks and consequences associated with telehealth including, but not limited to the possibility: despite reasonable efforts on the part of my therapist, that the transmission of my medical information could be disrupted or distorted by technical failures.
3. I understand that a telehealth appointment will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my therapist.
4. I understand that I may expect the anticipated benefits from the use of telehealth, but that no results can be guaranteed or assured.
5. I understand that Wildflower Counseling ,PLLC may not provide telehealth services to me if I am outside of the state of Montana. I understand that I may access telehealth services through Wildflower Counseling ,PLLC from within the state of Montana only.
6. I understand Telehealth by Theranest facilitates video conferencing and is not responsible for the delivery of any healthcare, medical advice or care.

TELEHEALTH AGREEMENT CONSENT

Your signature below states that I I have read, understood an agree to the items contained in this document. I understand the risks and benefits of telehealth and agree that I have had an opportunity to ask questions about the information contained in this document. I agree that my questions have been answered to my satisfaction. I agree to engage in telehealth services with Wildflower Counseling PLLC.

Signature of Client/Guardian/Personal Representative

Date

Signature of Client/Guardian/Personal Representative

Date