

## **The King's Forge Counseling**

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### **INFORMED CONSENT FOR TELEHEALTH COUNSELING**

**Online Therapy:** It is our expectation that you will benefit from Telehealth counseling as all or part of your psychotherapy, but there is no guarantee.

**Confidentiality:** The information disclosed during your therapy remains confidential as discussed in your general consent form, including the exceptions to confidentiality and required disclosures (ie. legal exceptions including child abuse; elder and dependent adult abuse; threats to harm to self or others; etc...). In addition, your counselor will take all precautions to make sure that your Telehealth counseling is confidential. For instance, your counseling will be provided through a HIPAA-compliant platform.

**Please be aware, however,** that despite security precautions, transmission of the online counseling sessions could possibly be disturbed or distorted by technical failures, or sessions could be interrupted or accessed by unauthorized persons. If you are concerned about this possibility, please discuss it with me so we can determine if online counseling is the best option for you.

**Client Responsibility:** You will need to ensure that you have the technological capabilities to use video and audio. You can either use a built-in camera and microphone or an external camera and microphone. You will also need reliable internet connection that can support the video conferencing application. Should we have poor connection or get disconnected via video, you will need to have access to a phone line for us to continue the session. If we get disconnected through video, I will immediately call you on the back-up number you provide at the beginning of each session.

Finally, please note that your insurance company may not reimburse all or even part of the telehealth session fee. It is your responsibility to negotiate telehealth reimbursement rates prior to beginning telehealth therapy.

## **Additional Policies**

- You must be fully clothed while participating in session, even if the camera does not capture your whole body.
- Find a place where the background noise will not interfere with the session.
- Standard cancellation policies apply. In addition, it is your responsibility to initiate the call. If you do not do so within twenty minutes of the scheduled start time, it will be considered a "no show" and you will be charged accordingly.

## **Termination of Telehealth Counseling**

If I determine at any point that video counseling is ineffective or detrimental to your growth or health, then I reserve the right to prepare for proper termination of the use of video. If you live within a reasonable travel distance to the office, we can continue therapy there. If not, I will assist you to find a local therapist to whom you can transition.

## **You should seek in-person mental health treatment in situations including (but not limited to):**

- If you are having thoughts of harming yourself (suicidal thoughts), harming someone else (violent thoughts toward others), or are feeling disconnected from reality (psychotic symptoms), please call **911** or **1-800-SUICIDE**, which is the National Suicide Hotline.
- If you are in an abusive or violent relationship
- If you have been seriously depressed
- If you have serious substance abuse dependence

**Emergency Protocols:** We need to know your location in case of an emergency. You agree to inform your therapist of the address where you are at the beginning of each session. We also need a contact person who your therapist may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of emergency, additional resources:

1. Call Lifeline at (800) 273-8255 (National Crisis Line)
2. Call 911
3. Go to the emergency room of your choice.

By signing this form:

- 1) I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction
- 2) I agree that I reside in the state of [Texas].
- 3) I agree to call my therapist if there is an interruption in our video session.
- 4) I agree to participate in telehealth therapy.
- 5) I agree to allow my therapist to contact the person listed above in case of emergency
- 6) I agree that my session fee will be process as normal.