



Welcoming Arms Counseling, LLC

3040 Riverside Drive
Suite 218
Upper Arlington, OH 43221

Informed Consent for Telehealth Therapy

1. I understand that Welcoming Arms Counseling cannot guarantee the security of any internet transmission or telehealth therapy sessions.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth therapy session if it is felt that the videoconferencing connections are not adequate for the situation.
3. I have had the alternatives to a telehealth therapy session explained to me, and in choosing to participate in a telehealth therapy session I understand that if I am experiencing a mental health crisis or having suicidal or homicidal thoughts or if a life-threatening event should occur, I agree to immediately contact either my medical doctor or psychiatrist, contact The Suicide and Crisis Lifeline at 988, call 911 or go to the nearest emergency room.
4. I understand that billing will occur from Welcoming Arms Counseling for a telehealth therapy session and that some insurance providers will not be reimbursing their insureds for a telehealth visit and I may be required to pay out of pocket for any telehealth sessions I engage in with Welcoming Arms Counseling. I furthermore understand that it is my responsibility to check with my insurance provider by calling the 1-800 number on the back of my insurance card to confirm the telehealth therapy reimbursement information specific to my policy.
5. I agree to take full responsibility for the security of any communications or treatment on my own computer and in my physical location. I will find a space that will be free from distractions, private, and comfortable for myself. I will not include any other people in the space that I will have my therapy sessions. I will not record or allow anyone else to record my therapy sessions. I will treat telehealth sessions as if I am having a session inside an office setting and will dress as I would dress for an office session. I will not drink alcoholic beverages or engage in the use of substances before or during my therapy session.
6. I agree to release and indemnify Welcoming Arms Counseling from all suits, claims and other actions originating from any services provided by Welcoming Arms Counseling.

By signing this form, I certify:

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

Patient's/parent/guardian signature

Date

Time

Witness signature

Date

Time

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<https://www.welcomingarmscounseling.com/>