Telehealth Consent and Agreement

Norcon Family Counseling

This consent applies to telehealth services provided through Norcon Family Counseling by licensed, provisionally licensed, and supervised mental-health clinicians, including professional counselors, clinical social workers, marriage and family therapists, and clinicians practicing under supervision toward independent licensure, as applicable.

CHOICE OF TELEHEALTH AND CLINICAL APPROPRIATENESS

Telehealth is an option when the client and therapist agree that it is feasible, clinically appropriate, permitted by applicable licensing law, and supported by the client's payer when insurance is being used. A client may request telehealth or in-person services at any time; however, the therapist may recommend or require a change in format when clinically necessary, when safety or privacy cannot be adequately addressed, when technology is not sufficient, or when applicable law or payer requirements do not permit telehealth.

Telehealth may not be appropriate for every client or every clinical situation. The therapist will continue to assess whether telehealth remains appropriate. If telehealth is not appropriate, the therapist may recommend in-person services, referral to another provider, a higher level of care, or another clinically appropriate option.

LOCATION, IDENTITY, AND WHO IS PRESENT

Telehealth services are generally considered to occur where the client is physically located. At the beginning of a telehealth session, the therapist may ask the client to confirm identity, current physical location, a callback telephone number, and who is present in the room. The client agrees to tell the therapist if the client is outside Missouri or changes location during treatment. The therapist may be unable to provide services if the client is physically located in a jurisdiction where the therapist is not authorized to practice.

The client agrees to participate from a reasonably private setting whenever possible and to tell the therapist if another person is present or able to hear the session. The therapist may ask others to leave or may stop/reschedule the session if privacy cannot be reasonably protected.

TECHNOLOGY AND PLATFORM

Norcon may use doxy.me or another telehealth platform selected by the practice and configured for use in a manner intended to comply with applicable HIPAA privacy and security requirements. No telehealth technology can be guaranteed completely secure or uninterrupted. The client is responsible for having a device, internet or telephone connection, and private environment reasonably suitable for the session.

If video technology fails, the therapist and client may attempt to reconnect, continue by telephone when clinically appropriate and permitted by law and payer requirements, or reschedule. Audio-only services may not be appropriate or reimbursable in every circumstance.

BENEFITS AND RISKS

Potential benefits of telehealth include improved access to care, convenience, continuity of treatment, and the ability to receive services when travel or in-person attendance is difficult.

Potential risks include interruptions or technical failures; reduced ability for the therapist to observe some nonverbal information; unauthorized access to devices, accounts, or networks; accidental disclosure to people near the client; and other privacy or security risks inherent in electronic communication. Telehealth may also create limitations in responding to emergencies when the therapist and client are in different locations.

PRIVACY AND SECURITY

Norcon follows its Notice of Privacy Practices and applicable HIPAA privacy and security requirements. Clients are encouraged to use a private location, password-protected devices, secure internet connections, headphones when appropriate, and current device security updates. Public Wi-Fi, shared devices, smart speakers, and other devices that may overhear or record a session should be avoided when possible.

Neither the client nor the therapist may make an audio, video, screen, or other recording of a telehealth session without the prior informed agreement of all participants and compliance with applicable law. The therapist will not record sessions without informed consent.

EMERGENCIES AND CRISIS SITUATIONS

Telehealth and electronic messaging are not emergency services. If the client is experiencing an emergency or believes there is an immediate danger to self or others, the client should call 911, call or text 988, or go to the nearest emergency department.

The client agrees to maintain a current phone number, physical address, and emergency-contact information with Norcon. When clinically necessary, the therapist may contact emergency services or the client's emergency contact consistent with applicable law and Norcon's Notice of Privacy Practices. If a session disconnects during a safety concern, the therapist may attempt to call the client and may take other reasonable safety steps.

INSURANCE AND FINANCIAL RESPONSIBILITY

Insurance coverage and reimbursement for telehealth vary by plan, service, clinician, location, and applicable law. Norcon may provide benefit information as a courtesy, but the client remains responsible for understanding coverage and for amounts assigned to the client by the payer or otherwise due under the Financial Agreement. The client may contact the insurance plan directly to confirm telehealth benefits.

VOLUNTARY CONSENT AND RIGHT TO WITHDRAW

I understand the nature of telehealth, its potential benefits, risks, alternatives, privacy considerations, and limitations. I have had an opportunity to ask questions. I understand that I may decline or withdraw consent to telehealth at any time; however, doing so does not guarantee that in-person treatment will always be available with the same therapist, and the therapist may recommend another clinically appropriate treatment option or referral.

By signing below, I consent to receive mental-health services by telehealth when requested or mutually agreed upon and when the therapist determines telehealth is clinically appropriate and legally permissible.

_____	_____	_____
Client / Legal Guardian Signature	Printed Name	Date
_____	_____	_____
Second Client Signature (if applicable)	Printed Name	Date
_____	_____	_____
Therapist / Clinician Name	Credentials	
_____	_____	_____
Supervisor Name (if applicable)	Credentials	

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