

Brindley Group, LLC- Counseling Services Teletherapy Informed Consent Form

I, _____, hereby consent to me or my child, _____, engaging in teletherapy with Brindley Group, LLC -Kim Brindley, LPC or Andy Brindley, LPC as part of my counseling services. I understand that telehealth/teletherapy includes the practice of health care delivery, diagnosis, consultation, treatment planning, treatment, transfer of medical data, and education using interactive video, audio, and data communications. I understand that telehealth also involves the communication of my medical/mental health information, both orally and visually, to health care practitioners located in or outside of Alabama.

I understand that I have the following rights in regards to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care of treatment, nor risking the loss of withdrawal from any program benefits to which I would otherwise be entitled. May participation is voluntary.
2. The laws that protect the confidentiality of my medical information also apply to telehealth. I understand that the information disclosed by me or my child during my therapy is confidential. However, there are both mandatory exceptions to confidentiality, including, but not limited to, reporting child/elder abuse, expressed threats of violence/safety to self/others, & court orders.
3. My therapist will take steps to provide a confidential environment, and I will do the same for myself and/or my child. HIPAA compliant software will be used through Doxy.Me.
4. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission and electronic storage of my medical information could be disrupted or distorted by technical failures or be interrupted or accessed by unauthorized persons. I also understand that telehealth-based services and care may not be as complete as face-to-face services.
5. I understand that there are potential risks and benefits associated with any form of therapy, and that despite my and my therapist's efforts, my condition may not improve, and in some cases become worse. Results from telehealth are not guaranteed or assured. In case of emergency, please report to the emergency room, call 911, or call the Birmingham Crisis Center.
6. I understand that I have a right to access my medical information and copies of medical records in accordance with the Alabama law.

I have read and understand the information provided above. I have discussed it with my therapist, and all my questions have been answered to my satisfaction.

Signature of client _____ Date _____

Signature of parent/guardian if client a minor _____ Date _____

Witness _____ Date _____