



Consent to Participate in Telemental Health Services

I, the undersigned, an individual over the age of seventeen (17) years, or the parent/legal guardian of a minor, request and agree to participate in telehealth services as follows:

1. Heartlinks offers telehealth counseling services on an as-needed, as-requested basis.
2. These services may be offered via HIPAA compliant video-conferencing technology, such as Zoom, RingCentral, Nextiva, or telephone.
3. My Heartlinks counselor has determined that telehealth is an appropriate medium to provide these services. However, I understand that my counselor may determine at some point that telehealth is no longer appropriate for me.
4. I understand that there are certain risks to telehealth services. These may include interruptions in service, technical difficulties, and possible breach of privacy should I participate in these services in a location that is not private or if the network I am connected to is unsecure.
5. I understand that it is important for me to be in a quiet, private space that is free of distractions during the session.
6. If the session is interrupted for any reason, such as the connection fails, and I am not having an emergency, I will disconnect from the session and my counselor will re-contact me in about two minutes.
7. I will advise my counselor of my location at the start of each session.
8. At any time, in the event of an emergency, please call or text either 911 or 988 or go to the nearest emergency room.

By signing this consent form, I certify that:

- I have read or had this consent read to me and my questions about this consent or telehealth services have been answered to my satisfaction.
- I understand the contents of this consent, including the possible risks of telehealth services.
- I acknowledge and agree that this consent may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" may also include a typed signature.

Signature on Back →



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Signature

I understand that this consent is intended as a supplement to any other informed consent that I have signed at the outset of my meetings with my Heartlinks counselor.

By signing my name below, I agree to the terms and conditions in this consent form.

| | | |
|-------------------------------|--------------------|--------------------|
| Leave blank if not applicable | _____ | _____ |
| | Minor Child's Name | Minor Child's Name |
| | _____ | _____ |
| | Minor Child's Name | Minor Child's Name |
| | _____ | _____ |
| | Minor Child's Name | Minor Child's Name |

| | |
|---|-------|
| _____ | |
| Client and/or Legal Guardian Printed Name | |
| _____ | _____ |
| Client and/or Legal Guardian Signature | Date |