

Changing Lanes Christian Wellness Ministries and Counseling Center (CLCWMCC)
650 Sun Temple Drive
Madison, AL 35758
phone 256.684.2462 - fax 256.325.0084
clcwmcc@gmail.com
www.clcwmcc.com

Telehealth Informed Consent Form

Informed Consent for Telehealth Services

Definition of Telehealth: Telehealth involves the use of electronic communications to enable Changing Lanes clinicians to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. Copy of our Office Policies and Therapeutic Informed Consent can be provided.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. CLCWMCC utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth.
4. CLCWMCC clinicians follow the Alabama Board of Examiners in Counseling Regulations for tele-health: Chapter 255-x-11, A.12 as well as their respective board regulations and ethics. They have also received training to provide tele-health services.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital emergency room or call Crisis Service Center at 2-1-1 or 256.716.1000 in my immediate area.

Payment for Telehealth Services:

CLCWMCC will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard copay and/or deductibles would apply. In the event that insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you with a statement of service to submit to your insurance company.

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Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Client's Signature

Date

Parent/Client's Representative Signature (if applicable)

Printed Name and Relationship to Client (if applicable)

Witness Signature

Date