



POSITIVE FRAME OF MIND
COUNSELING PLLC

PFOMC Informed Consent for Telehealth

Definition for Telehealth-Telehealth involves the use of electronic communication to enable Positive Frame of Mind 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 Office Policies and 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. Zoom HIPAA compliant plan utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth.
4. Positive Frame of Mind Counseling PLLC clinicians follows the state of Texas regulations for telehealth as well as the board regulations (LPC/LPC-S/LPC -Intern/ LCSW) and ethics. They have also received training to provide telehealth services.

Payment for Telehealth Services:

Positive Frame of Mind Counseling PLLC 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.

By signing this document below, 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 or crisis-oriented health care facility in my immediate area. If you are a minor, a parent/guardian must sign this document. **

Signature

Date