



Informed Consent for Telehealth Services

Definition of Telehealth

Telehealth involves the use of electronic communications to enable Sankofa Life Solutions' mental health professionals to connect with clients using interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, and education.

Your Rights:

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

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential.
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. Sankofa Life Solutions utilizes secure, encrypted audio/video transmission software to deliver telehealth.
4. I understand the alternatives to counseling through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at the direction of my counselor, I may be referred to "face-to-face" psychotherapy in-office at 533 Main St. Belleville, MI 48111 for future sessions. I additionally understand that I have the right to request "face-to-face" psychotherapy from my counselor. If the counselor is unable to accommodate this request, referrals to appropriate mental health services will be given.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for Telehealth 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.



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6. I consent to having these Telehealth services billed to my insurance provider, and accept that I will be responsible to pay any costs that are not covered by my insurance plan.

I have read and understand the information provided above regarding telehealth, have discussed it with a Sankofa Life Solutions staff member, 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.

Print Name

Client's Signature

Date

Parent or Guardian Signature

Date