

Stepping Stones Counseling Services, LLC
1450 Ebenezer Road
Rock Hill, SC 29732
803-817-7837

Informed Consent for Telehealth Services

Definition of Telehealth: Telehealth involves the use of electronic communications to enable Stepping Stones Counseling Services, LLC to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological healthcare 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 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 for my sessions 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. Stepping Stones Counseling Services, LLC utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via VSEE.
4. Stepping Stones Counseling Services, LLC follows the State of South Carolina regulations for telehealth as well as the respective board regulations and ethics (SC LLR and ACA code of ethics).
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 or crisis-oriented healthcare facility in my immediate area.

Payment for Telehealth Services:

Stepping Stones Counseling Services, LLC will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard co-pay and/or deductibles would apply. In the event that your insurance does not cover telehealth or when there is no insurance coverage, you may wish to pay out of pocket. We can provide you with a statement of service to submit to your insurance company. If your insurance **does not** reimburse for the service, you will be responsible for the payment of the session which will be \$90.00 per session.

Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth. I have discussed it with my counselor, and 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 _____

Therapist Name _____

Therapist's Signature/Date _____