

Gisela Lin Counseling and Consultation Services, PLLC
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Informed Consent to Receive TeleHealth Treatment
Gisela Lin Counseling and Consultation Services, PLLC
Jun-chih Gisela Lin, Ph.D., ABPP

Telehealth uses the internet so there will be potential risk for privacy breach. Not all clients can best benefit from Telehealth modality. If you find that this mode is not working for you, please inform Dr. Lin so you can discuss other treatment options.

Client Responsibilities:

- My initials here _____ indicate my understanding that I cannot participate in video conferencing with Dr. Lin if I am not in the State of Texas.
- My initials here _____ indicate my understanding that I must notify Dr. Lin if I am not in the State of Texas and, therefore, am unable to participate in a previously scheduled video conferencing appointment.
- My initials here _____ indicate that I am responsible for ensuring my own privacy and confidentiality on my end of a video conferencing appointment with Dr. Lin.

Eligibility

Please verify with your insurance that TeleHealth is covered if you wish to use your health insurance. Dr. Lin will bill your health insurance accordingly per your authorization to release confidential information. Initial here ___ to provide consent to charge your insurance for your session. Initial here ___ if you plan to pay out of pocket.

You will need a computer or laptop with a **microphone**, **speakers**, and a **camera** for video conferencing, or you can click the meeting link with your phone if you have secure internet. You will need a good internet connection and the ability to have space that provides you privacy for your videoconferences.

Appointments and Fees:

Dr. Lin's attendance policy and no-show fee policy apply to all types of services. In addition to signing this form, you are also asked to read over Dr. Lin's Practice policy and sign the Informed Consent for Treatment and Financial Agreement form. If you plan to use your health insurance, please provide your insurance information using the Client Insurance Information form.

Once your appointment is confirmed, if anything changes, Dr. Lin has a policy of 48-hour advance notice to reschedule. If you do not appear for a videoconferencing appointment, you need to contact Dr. Lin to reschedule. Your initial here _____ indicates your understanding that the \$90 late cancellation or the \$180 No Show fee will be charged unless discussed with Dr. Lin.

Ethics, Confidentiality and Record Keeping

Dr. Lin will use a HIPPA Compliant platform to connect with you. She will also maintain confidentiality and record keeping according to the laws and regulations of Texas as well as follow the professional ethics of the American Psychological Association. You are responsible for maintaining confidentiality on your end of the electronic communication (i.e., being in a private space while video conferencing).

Emergency/Crisis Situations:

Dr. Lin does not provide 24-hour crisis counseling. You understand that in case of crisis, if you cannot reach Dr. Lin at 979-314-9698, you can call your local MHMR number, or call 988 Suicide and Crisis Lifeline, or call the National Suicide Prevention Lifeline 1-800-273-TALK (8255). If you have a life-threatening emergency, you should call 911, or go to the nearest hospital emergency room.

If Dr. Lin Becomes Concerned for Your Safety

If Dr. Lin becomes concerned for your safety, she will contact you by phone to check on your well-being. In addition, she may contact others as necessary. For that reason, Dr. Lin asks your permission to contact others as necessary to ensure your safety. Consistent with national standards, Dr. Lin requires three levels of contacts to be identified in order to participate in online services:

1. A personal contact such as a parent, spouse, relative or close friend

Personal Contact: _____
Name Relationship Phone

2. A professional contact such as a personal physician

Professional contact: _____

Name	Relationship	Phone
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3. The office or agency that does crisis well-being checks in your community (typically a 24-hour crisis service or the police department).

Crisis Response: _____

Agency	Phone
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Agreement to Contact Me or Others

If I show signs of distress that indicate that I may be in danger, I grant Dr. Lin permission to contact me by phone.

Initial

If I show signs of distress that indicate I may be in danger, and I fail to respond to phone or phone messages, I grant Dr. Lin permission to contact my personal and/or professional contacts to verify my well-being.

Initial

If I show indicators that I may be at serious risk for self-harm or harm to others, I understand that Dr. Lin will notify the **Crisis Response** contact above so that someone can check on my safety. This may take the form of a wellness check conducted through the local police.

Initial

If there is a disruption in video connectivity during a video session, the counselor may call me at _____. If I am not able to answer, I understand that the counselor will email me at _____ to verify our next video conferencing appointment date and time.

Initial

My initials indicate understanding of the following:

_____ I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the

individual or organization who obtained my initial consent. I understand the revocation will not apply to my participation up to my revocation.

_____ I have been informed about the purpose, expectations, possible benefits, risks, and crisis procedures. I agree to participate in Telehealth, and I consent to participate in on-line treatment with Dr. Lin.

Signature

Date

Print name