SHERIDAN HOUSE FAMILY MINISTRIES COUNSELING CENTER
1700 S. Flamingo Road, Davie, FL 33325 (954) 880-9595 www.sheridanhouse.org

CONSENT TO TELECOUNSELING CONSULTATIONS

I have been advised that _____ ("Counselor") is willing as an accommodation to me to consult using audio/video telecounseling methods and offers HIPAA-Compliant teleconferencing by default. I understand that confidentiality will still be maintained by my Counselor according to the law, but my Counselor cannot make any guarantees about the privacy or confidentiality of the teleconferencing services. I will comply with any HIPAA-related regulations or other confidentiality requests by my Counselor related to teleconferencing methods.

I am aware of the drawbacks and risks of such telecounseling when compared to in-person counseling, but I have decided to proceed with the understanding that I can always discontinue such telecounseling at my discretion. Similarly, if my Counselor feels that telecounseling is no longer advisable for any reason, my Counselor may also discontinue the service. I understand that this Consent is given in addition to the Sheridan House Counseling Center's forms, consents, and agreements, which documents remain in full force and effect.

I agree that neither my Counselor nor myself will have others participating in or listening to the conference unless we have both agreed to this before the beginning of the session. Similarly, we both agree that neither of us will make electronic or similar audio or video recordings of any session. I am responsible for how my teleconference device (e.g., phone, computer, or tablet) might be storing data related to the telecounseling session and I will take steps to ensure it does not.

Finally, I understand that my Counselor is not here for emergencies, and that whenever I have an emergency, I know I must call 9-1-1 and/or the nearest emergency facility.

By signing this agreement, I certify that:

- I have read and understood this Consent and have no unanswered questions concerning it.
- I understand my Counselor is relying upon this Consent and that my agreement with the terms of this Consent is completely voluntary.
- No one has made any representations to me regarding telecounseling apart or different from what is written here.

I request that my Counselor use the following method of contact for telecounseling and that unless I indicate otherwise in writing, I agree that the email and phone numbers may also be used for text and voicemail messages from my counselor:

Phone number:_____ Email address:_____

_____ _____
Printed Name of Client Client Signature & Date

_____ _____ _____
Printed Name of Parent (if client is a minor) Relationship to Minor Parent Signature & Date

_____ _____ _____
Printed Name of Parent (if client is a minor) Relationship to Minor Parent Signature & Date

_____ _____
Therapist Signature Date