

### **Consent for Video Counseling**

1. I understand that my counselor has offered to work with me via Telehealth (phone/video) counseling.
2. My counselor has explained/will explain how the Telehealth technology that will be used to affect such a consultation will not be the same as a direct client/counselor visit since I will not be in the same room as my counselor.
3. I understand that Telehealth counseling has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology including interruptions, unauthorized access, and technical difficulties. I understand that my counselor or I can discontinue the Telehealth visit if it is believed that the means used are not adequate for the situation.
5. I have had/will have a direct conversation with my counselor, during which I had/will have the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language I understand.

### **Consent to Use Telehealth by Doxy.Me**

Telehealth by [doxy.me](https://doxy.me) is the HIPAA-compliant technology service used by Dr. Chris Miller to conduct video-counseling appointments. By signing this document, I acknowledge:

1. Telehealth by [doxy.me](https://doxy.me) is NOT an Emergency Service and in the event of an emergency, I will call 911.
2. Though my counselor and I may be in direct, virtual contact through [doxy.me](https://doxy.me), neither [doxy.me](https://doxy.me) nor Dr. Chris Miler provides any medical or healthcare services or advice including but not limited to emergency or urgent medical services.
3. Telehealth by [doxy.me](https://doxy.me) facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
4. I do not assume that my counselor has nor will I rely on my counselor for current, accurate or up-to-date technical information for the [doxy.me](https://doxy.me) service.
5. To maintain confidentiality, I will not share my Telehealth appointment link with anyone unauthorized to attend the appointment.



6. My counselor commits to using this format in a secure and private space. It is my responsibility to ensure that I am in a secure and private space in which to conduct a session.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of this process.
- I have been given ample opportunity to ask questions and questions have been answered to my satisfaction.

I will return this form with either manual or electronic signature to Dr. Chris Miller at [cmiller@redwoodcounselingservices.com](mailto:cmiller@redwoodcounselingservices.com) within 24 hours of our first virtual counseling session.

**By signing below, I am agreeing that I have read, understood and agree to the items contained in this document.**

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Printed Name and Signature

Date

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Printed Name and Signature

Date