Be My Neighbor Counseling

Telehealth Informed Consent

Consent for Counseling Services Delivered by Telehealth

Phone: 406-414-7011 | Email: bemyneighborcounseling@gmail.com

Telehealth uses electronic communication technology to provide counseling when the client and counselor are in different locations. This form supplements, rather than replaces, the general counseling informed consent agreement.

How Telehealth Works

Sessions may be conducted using the practice's designated secure EHR/telehealth platform. You are responsible for being in a location where you can participate privately and safely and for having a reliable way to reconnect if technology fails.

Potential Benefits

☐ Increased access to counseling from a location that is convenient for you.

☐ Reduced travel time and barriers related to transportation or mobility.

☐ Continuity of care when appropriate and legally permitted.

Potential Risks and Limitations

☐ Technology may fail, disconnect, or have audio/video problems.

☐ Privacy may be affected by your physical environment, devices, internet connection, or other people nearby.

☐ Telehealth may not be appropriate for every clinical situation.

☐ Emergency response can be more difficult when the counselor is not physically present.

Client Responsibilities

☐ Provide an accurate physical location at the beginning of each session when requested.

☐ Use a private and reasonably secure environment whenever possible.

☐ Inform the counselor if someone else is present or enters the room.

☐ Have a phone available in case the video connection fails.

☐ Tell the counselor if you do not feel safe or private enough to continue.

☐ Do not record sessions unless recording has been discussed and appropriately authorized.

Technology Failure Plan

If the telehealth connection fails, the counselor may attempt to reconnect through the designated platform or contact you at the phone number on file. Routine communication is available at 406-414-7011. If contact cannot be re-established and there is an immediate safety concern, emergency or crisis resources may be used as appropriate.

Location & Legal Requirements

Telehealth services are provided only when permitted by applicable law, professional rules, supervision requirements, and the counselor's authorized scope of practice. Clients should not travel to another state or jurisdiction for a session without discussing it with the counselor beforehand, because licensure and telehealth rules can vary by location. Clients are required to be in the state of Montana during the time of service.

No Driving During Sessions: Clients must not participate in telehealth counseling while driving or operating a vehicle. Please be safely parked before beginning your session. If you begin driving during a session, your therapist may end the session until you are safely parked. This policy is intended to reduce the risk of motor vehicle accidents and to ensure that clients are able to participate in counseling in an environment that supports privacy, attention, and therapeutic engagement.

By signing this Telehealth Informed Consent, I acknowledge that I understand and agree to the no-driving requirement for all telehealth counseling sessions.

Client Acknowledgment

☐ I understand what telehealth is and how it may be used in my counseling.

☐ I understand the potential benefits, risks, and limitations of telehealth.

☐ I understand that I may ask questions about telehealth at any time.

☐ I understand that I may request to discuss whether telehealth remains appropriate for my needs.

☐ I understand that telehealth is not an emergency service.

Client Name:	_____
Client Signature:	_____
Date:	_____

Supervision Information

I am currently a graduate student in a Mental Health Counseling program and provide services under clinical supervision. My supervisor's information is listed below.

Clinical Supervisor:	Onnie Michalsky
Professional License:	MA, EdS, LCPC, NCC
License Number:	LIC#38831
Supervising Organization/Practice:	DBA Mom's Without Capes onnie@momswithoutcapes.com