

**MARIAROSE COUNSELING OFFICE OF KATE HALD, LPC**  
**Informed Consent to Participate in Telehealth Services**

I, \_\_\_\_\_, have requested to receive mental health services via telehealth. I understand that I will be receiving health care services through interactive videoconferencing equipment. I understand that, at this time, there are no known risks involved with receiving my care in this way. I understand that the negotiated cost of treatment will be collected via acceptable debit or credit card prior to the delivery of services.

I understand that the equipment, if used, will be shown to me and I will see how it works before I receive any services. I understand that my participation in telehealth is voluntary and I may refuse to participate or decide to stop participation at any time.

**I understand that my privacy and confidentiality will be protected; however there are limits to confidentiality:**

- **Emergency:** if you are involved in a life threatening health emergency;
- **Harm to Self:** if you have communicated to me the desire and a specific plan and intent to harm yourself I am required by Arizona law to take steps to protect you;
- **Serious Threat to Health of Safety:** if you have communicated to me a specific and immediate threat to cause serious bodily injury or death to an identified person, and if I believe the intent and the ability to carry out that threat immediately or imminently, I am legally required by Arizona law to take steps to protect the third party(s). This precautions may include: 1. warning the potential victim(s) or the parent or guardian of the victim(s) if under the age of 18; 2. notifying law enforcement; 3. seeking your hospitalization;
- **Child Abuse Reporting:** if I have reason to suspect that a child is abused or neglected, I am required by Arizona law to report the matter immediately to the Arizona Department of Child Protective Services (CPS);
- **Adult Abuse Reporting:** if I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Arizona law to immediately make a report and provide relevant to the Arizona Department of Health Services and the local authorities;
- **Court Proceedings:** if you are involved in court proceeding and a request for information about your diagnosis and treatment and/or records, such information is privileged and I will not release information unless you provide written authorization or a judge issues a court order. I will notify you so you can file a motion to file a motion if so desired;
- **Records:** it is my intent that minors receive as much confidentiality, however under Arizona law parents cannot be denied to their child records, who are under 18 years of age.
- **Telehealth Conferencing:** I also understand that the likelihood of a video conference being intercepted by an outsider is similar to the potential interception of a phone call. When I am receiving services via telehealth, I will be notified as to who is in the room at the remote site.

**MARIAROSE COUNSELING  
OFFICE OF KATE HALD, LPC  
EMAIL: KATE@HALD.US  
TEXT: 928-710-0198  
FAX: 800-680-7684**

I agree to participate in and receive mental health services via telehealth as discussed in this TeleHealth Services Informed Consent by signing below and returning the document either by emailing, attaching to a text or faxing the scanned document using the contact information provided at the bottom of the page.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

COMPLETE BELOW & SIGN ONLY if the above release is given on behalf of the following client, \_\_\_\_\_, because the client is a minor (under 18 years of age) or has been determined to be incompetent to give medical consent.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

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