



Bellevue Office:
PO Box 202
817 Kilbourne Street
Bellevue, OH 44811
(419) 483-9411
(419) 483-9247 Fax

Sandusky Office:
4444 Galloway Road
Sandusky, OH 44870
(419) 621-8773
(419) 504-6188 Fax

Telehealth Informed Consent

I _____ [client] hereby consent to engaging in telehealth with Cornerstone Counseling as part of my mental health therapy. I understand that “telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in Ohio.

I understand that I have the following rights with respect to telehealth:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.

- (3) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my mental health therapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of mental health therapeutic services (e.g. face-to-face services) I will be referred to



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a therapist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of therapy, and that despite my efforts and the efforts of my mental health therapist, my condition may not be improve, and in some cases may even get worse.

(4) I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

(5) I understand that I have a right to access my medical information and copies of medical records in accordance with Ohio law.

(6) I agree to keep a credit card on file and consent for charges for late cancel/no-show appointments and any appointments not covered by my insurance. I understand that the same policies regarding late cancel/no-shows apply to telehealth. I agree to ensure that a computer or device will be available and in working order at the time of my appointment.

I have read and understand the information provided above. I have discussed it with my therapist, and all of my questions have been answered to my satisfaction.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Email Address: _____

Zoom Instructions for Clients

1. In your web browser (chrome, internet explorer, safari, etc.) go to zoom.us
2. In the top right corner click on the button “sign up, it’s free”
3. Enter your email address, make sure it is the same email address you shared with your therapist, and click on “sign up”
4. Zoom will send you an email to the account you entered
5. Find the email from Zoom in your account and click on the “activate account” button
6. This will take you back to Zoom where you will enter your first name, last name, and create a password
7. Zoom will then ask you to invite others to join, you can click on “skip this step” to the right of the orange button that says “invite”
8. Zoom will then prompt you to do a test meeting, click the link
 - a. Your computer will likely start the automatic download. Please install the Zoom app on your device by clicking on the download in the lower bar on your screen, then clicking run in the next dialogue box
 - b. If you are a Mac/apple user you will need to click on “allow” for zoom.us
 - c. Click “join with computer audio” before every meeting you have
9. On the left side of the Zoom screen you’ll find a button for “join audio” with an image of headphones. Please click this icon and test your speakers/microphone.
10. That’s it!!
11. Your therapist will send you an email with a link for your Zoom session. Please be logged into your email approximately 5 minutes before your scheduled session and await this email. Once you receive the email, click on the link. Once you are in Zoom be sure you click on “join with computer video” and “join with computer audio.” You can make these your default settings if you’d like, by checking the box in the bottom of the prompting dialogue box for each one.
12. Please be sure to “End Meeting” and close out of Zoom when you are not meeting.