



Consent for Telehealth Services

Telehealth service refers to psychotherapy that occurs via synchronous video conferencing. If you do not have access to Video Conferencing, a phone call could be considered a Telehealth service.

Telehealth services are not appropriate for all clients and may be discontinued at any time without consequence.

Benefits and Risks

When using technology there is always the risk for issues; (computer, internet, security, phone etc.). Agape uses two secure platforms and will attempt to quickly resolve any issues on our end.

In addition to identified risks, there are benefits which allow therapists to connect with clients who may otherwise not be able to partake in a session. To protect your confidentiality and to facilitate the security of your information as much as possible, here is a list of recommendations:

- Engage in sessions in a private location where you cannot be heard by others.
- Use a private phone.
- Do not record any sessions.
- Always log out or hang up once sessions are complete.

Appointment Cancellation

Our cancellation policy for Telehealth is the same as In Person sessions. (*See Cancellation Policy Section on your Client Agreement.*)

Insurance for Telehealth

Please contact your insurance provider and ask if Telehealth is a covered service and if and if it differs from In Person coverage. (*See Insurance/EAP Section on your Client Agreement.*)

Payment for Services

Payments for Telehealth services are only accepted via credit card and will be processed at the start of each session. Your credit card information will be stored for future payments.

Authorization for Payment

I authorize the Agape Counseling Associates, Inc. staff to process payment, using my card on file at the time of the appointment or the next business day.

Authorization for Treatment through Telehealth

I authorize evaluation and treatment from my therapist at Agape Counseling Associates, Inc. via a Telehealth Service.

I acknowledge that a copy of this informed consent agreement is available to me through my Therapy Portal.

It is agreed that my assigned therapist or myself may discontinue Telehealth Services at any time.

I authorize my signature represents consent for both treatment and payment through Telehealth.

Client Signature _____
(parent/guardian signature for anyone under 18 years old)