



Crossroads Counseling Services, PLLC

Prompt, Professional, and Courteous

- ✓ Individual and Family Therapy
- ✓ Substance Abuse Counseling
- ✓ Medication Management

Informed Consent for Telehealth Services

In some cases, we can use electronic communications to enable you and us to connect through live interactive video and audio communications. This is called “telehealth” and may include psychological health care, diagnosis, consultation, treatment, referral to resources, education, and related services. Please carefully review sign this informed consent for telehealth services, which sets forth the terms of our relationship. I, the undersigned patient, understand that I have the below rights.

1. The laws that protect the confidentiality of my personal information also apply to telehealth. A copy of this document and our HIPAA Notice of Privacy Practices are available upon your request.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal, and relational issues, there is no guarantee that all treatment of all patients will be effective. Thus, I understand that while I may benefit from telehealth, results can not be guaranteed or assured.
4. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of professional, that: (i) the transmission of my personal information could be disrupted or distorted by technical failures; (ii) the transmission of my personal information could be interrupted by unauthorized persons; and (iii) the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. We utilize secure, encrypted HIPAA compliant audio and video transmission software to deliver telehealth.
5. Crossroads Counseling Services, LLC adheres to Illinois laws and regulations in the provision of telehealth services. Each of our workforce members has received training to provide telehealth services.
6. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for telehealth services. If I am in crisis or in an emergency, I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area.
7. Recording of a session is never allowable, and permission must be granted before authorizing the recording of a session. It is not permitted ever to record any session without the expressed written permission from the participants and this therapist.

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