



Crossroads Counseling Services, PLLC
Helping your
mental health grow

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.

Crossroads-Helps.com // Tel. (815) 941-3882 // Fax (815) 941-3884

601 W. Norris Dr., Ste. B, Ottawa, IL. 61350

13550 Route 30, #302, Plainfield, IL 60544 // 1802 N. Division St, Ste. 509, Morris, IL 60450

- **Payment for Telehealth Services.** We bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard copay and deductibles apply. If insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you with a statement of service to submit to your insurance company.
- **Contingency Plan for Technology Failure.** The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your counselor knows your phone number. If you get disconnected from a video conferencing or chat session, please end and restart the session. If you are unable to reconnect within ten minutes, we will call you during our session time.
- **Indemnification and Assumption of Risk.** As a condition of receiving services from us to the greatest extent permitted by law, you agree to indemnify Crossroads against all claims, liabilities, losses, damages, suits, costs, and expenses (including reasonable attorney's fees) relating to your failure to follow our instructions or lack of communication to Crossroads about any problems you encounter during our treatment of you, and you agree to assume all risk of property damage, injury, or death associated such failure. We will discuss the anticipated risks and benefits of and alternatives to our work together, and you will have an opportunity to ask questions. The terms of this indemnification and assumption of risk policy shall survive the expiration date of any treatment.
- **Patient Consent to the Use of Telehealth.** I, the undersigned, have read and understood the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described in this document. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Patient Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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Clinician Name	Signature	Date
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