



Arrow Counseling Services, LLC

1427 East Market Street
York, PA 17403
Phone: 717-755-0011
Fax: 717-755-0016

www.ArrowCounselingServices.com

Virtual/Telehealth Behavioral Health Services Consent Form

- (1) “Virtual/Telehealth” includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications. Our office will be utilizing the platform Doxy.me, which does meet HIPPA compliance.
- (2) Virtual/Telehealth occurs in the state of Pennsylvania, and is governed by the laws of that state.
- (3) The laws that protect the confidentiality of my medical information also apply to virtual/telehealth. Unless we explicitly agree otherwise, our virtual/telehealth exchange is confidential. I will not include others in the session or have others in the room unless agreed upon.
- (4) I accept that virtual/telehealth does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
- (5) In the event our virtual/telehealth is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited to my needs.
- (6) I understand there are risks and consequences from virtual/telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer.
- (7) There is a risk that services could be disrupted or distorted by unforeseen technical problems.
- (8) This consent will remain in effect only during the Covid-19 national state of emergency.
- (9) Virtual/Telehealth services will be billed to your insurance. It is your responsibility to contact your insurance company to verify they will cover these services. In the event your insurance company does not cover these services, you will be billed for the full cost of the session.

I have read, understand, and agree to the information above.

Client Signature (or legal guardian if client is under the age of 18)

Date