



**UPPER ROOM COUNSELING**

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www.upperroomcounseling.com

**Telehealth, an addendum to Informed Consent**

This is an addendum to the Informed Consent, and serves to provide information to the client about online support, specifically: billing, limitations, suggestions, and crisis planning.

Phone, email, and video chat sessions have limitations:

- Lack of face-to-face interactions that provide visual and audio cues in the therapy process.
- Not all insurance companies will cover this type of therapy.
- Privacy is more difficult to secure/ensure.
- Telephone/online psychotherapy with a counselor is not a substitute for medication under the care of a psychiatrist or doctor.

Crisis situations: You understand that online and telephone therapy may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

You also understand that I follow the laws and professional regulations of the State of Nebraska and the treatment will be considered to take place in the state of Nebraska.

You have the option to refuse the telehealth approach at any time without affecting your right to future care or treatment.

The billing and payment of fees will be set up in advance of sessions and will be processed through Upper Room Counseling.

I, \_\_\_\_\_ understand that if my insurance denies claims, I am responsible for payment, and will work with the therapist on a reasonable private pay agreement.

I, \_\_\_\_\_ (signature, please print) agree to pursue face-to-face meetings when possible, if you are in the vicinity, and would like to set up a session you agree to follow normal scheduling procedure addressed in the Informed Consent.

This addendum was reviewed with me, and I agree with the addendum and all of its contents:

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date