



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LMHC, MCAP  
FLORIDA  
(P) 201-675-1083

**Telehealth – Informed Consent & Acknowledgment**

Client: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telehealth service is provided exclusively for Florida residents.

**Scheduling**

Your scheduled sessions will remain the same as they would in office. The only difference is we will have our session via a HIPAA compliant audio/video service. You must connect with me at your scheduled time to have your session. If no call/contact within the first 10-minutes of your scheduled time, your session will count as a no-show and the no-show fee will be applied. Please be advised that **ALL** attendance policies, requirements, treatment compliance agreements, etc. noted in Chat N Relax Counseling & Consultation, LLC’s Treatment Informed Consent will apply to Telehealth Mental Health Services effectively March 13<sup>th</sup> 2020. You will be closed if you do not maintain your session attendance.

**Payments**

***Payment is due at the start or within the first 5-minutes of your session.*** No exceptions; unless you were approved for a different arrangement. Failure to pay will result in your session being cancelled after 5-minutes. Your copayment/coinsurance/deductible, etc. will remain the same for this service as in office as long as your policy is active unless otherwise noted by your policy.

**You will be required to provide a card on file for your payments.** Your payment information will be provided to me at the start of your first session/assessment.

**Wellness Check Acknowledgment**

Due to telehealth (remote/virtual) services being off site/out of physical office contact, if any of these scenarios apply, a ***wellness check call*** will be placed to your local crisis screening center and/or police department. Your emergency contact will also be contacted:

- In the event I visually notice and/or you clearly or explicitly reveal a psychiatric or mental health concern that requires immediate intervention.
- Expression of self harm to self and/or others with clear intention/plan.
- If the telehealth services are abruptly disconnected by you or other means & I cannot reach you by telephone to verify wellness immediately after.

By signing below, you are acknowledging this Wellness Check if applicable.



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**Confidentially/Privacy**

I will provide the same level of confidentiality & privacy as I would in office for our session. I cannot control the confidentiality & privacy on your end during our Telehealth-Mental Health Service. Please be advised that during your scheduled time for session, you must secure your background and/or environment to protect your own confidentiality & privacy. I am not liable for anything someone may hear you or I say if you do not take the necessary steps to protect your confidentiality on your end of the Telehealth-Mental Health Service. By signing below you fully understand and is aware that you must take precautions to protect your confidentiality & privacy on your end of the Telehealth-Mental Health Service. You also waive any rights to pursue any legal action against DaRon Stephens, LMHC, MCAP, Owner of Chat N Relax Counseling & Consultation, LLC & Chat N Relax Counseling & Consultation, LLC itself in the event your confidentiality & privacy is not protected on your end during Telehealth-Mental Health Service.

As always, please feel free to contact me if you have any questions.

***I have fully read and understood the Informed Consent & Acknowledgment of Telehealth-Mental Health Service.***

\_\_\_\_\_

Print

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

- Insurance Carrier: \_\_\_\_\_
- Self-Pay/No Insurance

\_\_\_\_\_

DaRon Stephens, LMHC, MCAP

\_\_\_\_\_

Date