



Client Name: _____ **Date of Birth:** _____

Email Address: _____

Interactive Video Conferencing/Phone Consent for Treatment

I authorize the staff of River of Life Christian Counseling to use secure video/phone conferencing to provide ongoing behavioral health services through interactive videoconferencing or phone.

I understand that my participation in secure videoconferencing/phone is voluntary and I may refuse to participate or decide to stop participation at any time.

I understand that my privacy and confidentiality will be protected.

I understand that the possibility of a videoconference/phone session could be intercepted by an outsider is similar to the potential interception of a videoconference/phone call.

I understand that there is a possibility for computer malfunction, therefore, I must have a phone available to communicate with my River of Life Christian Counselor provider. Additionally, it is my responsibility to notify my counselor of any changes to my telephone number.

I understand that it is my responsibility to control my privacy in any location and I must inform my River of Life provider if anyone else is in the room with me while I am receiving services.

I understand that when I am receiving services through videoconferencing or phone that the staff of River of Life will notify me if there is anyone else in the office at the time of services.

I have read this document and I hereby consent to participate in services offered by River of Life Christian Counseling through secure videoconferencing or phone.

I agree that if at anytime my insurance changes its policies with regards to covering video/phone conferencing, I am responsible for any unpaid sessions and will resume in person sessions.

Client Signature

Date

Staff Signature

Date

River of Life Christian Counseling
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440-213-0055