

# Advanced Counseling Services

Liberate Empower Transform

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## INFORMED CONSENT FOR TREATMENT BY TELEHEALTH

When receiving counseling services via telehealth (ie, by electronic means such as video, facetime, etc.) we need to inform you and ask you to consent to treatment by such means as technology vs in person. Your signature will act as your consent to the following guidelines, expectations, and disclaimers regarding telehealth (virtual) sessions:

### Please initial:

1. This informed consent document was provided to you "PRIOR" to receiving services. \_\_\_\_\_
2. You consent to wearing appropriate attire for all telehealth sessions. \_\_\_\_\_
3. You consent you will be in a confidential location at the start of the session. \_\_\_\_\_
4. You consent to minimizing all distractions (ie., pets, noise, incoming calls, etc.). \_\_\_\_\_
5. You consent to no eating, drinking, smoking, cooking, exercising, etc. during sessions. \_\_\_\_\_
6. You consent to being present and seated in upright position (ie. not lying in bed). \_\_\_\_\_
7. You consent to paying missed appointment fee for no show no calls of \$150.00. \_\_\_\_\_
8. You consent you read and understood disclaimers as described below. \_\_\_\_\_
9. You consent to making sure you have no technology issues prior to the session. \_\_\_\_\_
10. You consent to reschedule after 10 min grace period for being late to sessions. \_\_\_\_\_
11. You consent to no telehealth sessions will be conducted while driving. \_\_\_\_\_
12. You consent to no children are to be present in the car during session time. \_\_\_\_\_
13. You consent to making payments (ie., copay, etc.) PRIOR to the start of each session. \_\_\_\_\_
14. You consent to providing a 24hr notice ONLY by voice mail or our website to cancel. \_\_\_\_\_
15. You consent to paying \$95.00 for same day cancellations (less than 24hrs). \_\_\_\_\_
16. You consent to submitting this form (signed and dated) prior to your first session. \_\_\_\_\_
17. You consent to reschedule if form is not signed and submitted PRIOR to your 1<sup>st</sup> session. \_\_\_\_\_
18. You consent all telehealth sessions are 45 mins and automatic timing is set to end. \_\_\_\_\_
19. You consent no false identity has been provided in order to receive these services. \_\_\_\_\_
20. You consent the provider must be licensed in the same state you reside in. \_\_\_\_\_
21. You consent to check "your text messages" for provider notifications or intent to cancel. \_\_\_\_\_

### DISCLAIMERS:

We are limited in our ability to maintain your confidentiality when you choose to use telehealth services due to the risks of hackers, eavesdroppers, technology bloopers, identity thefts, and any access to your phone/computer. Therefore, we are not liable under such circumstances. We are not responsible for differences in time zones. We are not obligated to wait for any downloading, troubleshooting, or switching to other platforms. We are not responsible for technology interruptions caused by acts of nature. We are not responsible for information transmitted by electronic means which you did not receive, someone else received in error, or in which someone gained unauthorized access to.

Initials: \_\_\_\_\_

**Sign and Date:**