

(5) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the Licensed Professional Counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.

In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services. I also understand that if my counselor believes I would be better served by another form of intervention (e.g. face-to-face services) will be asked to make a face to face appointment or I will be referred to a mental health professional who can provide such services in my area.

Finally, I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my psychological counselor, my condition may not improve, and in some cases may even get worse.

(6) I understand that I may benefit from telehealth psychological counseling, but that results cannot be guaranteed or assured.

(7) I understand that I have a right to access my personal information and copies of case records in accordance with Federal Law, Georgia Law and the GA Composite Board. I have read and understand the information provided above. I have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

(8) By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer based psychological counseling services.

If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area. I understand that emergency situations include if I have thought about hurting or killing either another person or myself, if I have hallucinations, if I am in a life threatening or emergency situation of any kind, having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.

I acknowledge I have been told that if I feel suicidal, I am to call or 9-1-1, Suicide Prevention Lifeline at 1-800-273-8255 or contact other local suicide hotlines including

- **Georgia Crisis and Access Line (GCAL)**
1-800-715-4225
mygcal.com
24/7 hotline for accessing mental health services in Georgia
- **Crisis Text Line**
Text

○ **Be Well Mental Health Support Line**

833-646-1526

Call the 24/7 support line for:

- In the moment support for mental health issues
- Connections to next steps
- No-cost telehealth and in-person treatment sessions, provided by a network of licensed clinicians

Signature of client _____ Date _____

Printed name of client _____

Signature of Counselor _____ Date _____