



## Teresa Heesacker Counseling

Teresa Heesacker, MASF, MCFC, LPC, RPT  
1308 E. First Street, Newberg, OR 97132  
503-610-3499  
teresa@heesackercounseling.com  
www.heesackercounseling.com

### Telemental Health Consent Form

To better serve clients, Teresa Heesacker Counseling offers telemental health as a counseling resource clients may consider when it is impossible or impractical to travel and attend counseling sessions in person. “Telemental health” means, in short, “provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media.”

Client confidentiality is of utmost priority therefore telemental health sessions will be conducted via HIPPA compliant software known as *Telehealth*, which is made possible by TheraNest -- the Electronic Health Record I use for your care.

Attention will be given to the laws of the State of Oregon, where Teresa Heesacker Counseling operates as well as the state and country of the client.

You will need access to internet service and to *Telehealth* in order to engage in telemental health work with your provider. If you have any questions or concerns about *Telehealth*, please address them directly to your provider so you can discuss their risks, benefits, and specific application to your treatment.

Some of the **benefits** of receiving services through telemental health are:

Receive services at times or in places where the service may not otherwise be available.

Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.

Receive services when you are unable to travel to the service provider’s office.

The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

Receiving services via telemental health has the following **risks**:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider’s ability to directly intervene in crises or emergencies. Some examples include:

Internet connections and cloud services could cease working or become too unstable to use.

Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.

Computer or smart phone hardware can have sudden failures or run out of power, or local power services can go out.

Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools.

Your provider may also be unable to help you in-person.

**What you can expect from your provider:**

At the beginning of our session, I will ask you your location. This is to ensure emergency service providers access to you in the event of an emergency.

If there is technology failure, I will attempt to immediately e-mail or phone you and make accommodations or arrangements to finish the session by phone or schedule a future session.

I will follow security best practices and legal standards in order to protect your health care information. I ask that you participate also in maintaining your security and privacy by choosing a private location to engage in telemental health sessions.

If the distance counseling is deemed inappropriate by either you or myself, the telemental health sessions can be stopped at any time without prejudice. I will make every effort to provide professional and clinically sound referrals as requested by my clients.

If client has ethical concerns or complaints, you may contact the Oregon Board at:

Oregon Board of Professional Counselors and Therapists  
3218 Pringle Road SE, Suite 250  
Salem, OR 97302-6312  
503-378-5499

E-mail: [lpc.lmft@state.or.us](mailto:lpc.lmft@state.or.us)  
Web site: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Client has read, understands, and fully consents to the above.

\_\_\_\_\_  
(Signature of Client) Date: \_\_\_\_\_

\_\_\_\_\_  
Teresa Heesacker, MASF, MCFC, LPC, RPT Date: \_\_\_\_\_