

Candy Marcum Counseling
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CANDY MARCUM COUNSELING

CONSENT FOR VIDEO COUNELING

I understand my health care provider wishes me to engage in a Video Counseling.

My health care provider explained to me how the video conferencing technology that will be used to affect Video Counseling will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my counselor.

I understand that Video Counseling has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

I understand my counselor or I can discontinue the Video Counseling if it is felt the videoconferencing connections are not adequate for the situation.

I have communicated with my counselor, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

Video Counseling by RingCentral is the technology service we will use to conduct Video Counseling appointments. By signing this document, I acknowledge:

Video Counseling by RingCentral is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.

Though my counselor and I may be in direct, virtual contact through the Video Counseling Service, RingCentral nor my counselor provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.

The Video Counseling by RingCentral facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.

To maintain confidentiality, I will not share my Video Counseling appointment link with anyone unauthorized to attend the appointment.

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By signing this form, I certify:

That I have read or had this form read and/or had this form explained to me.
That I fully understand its contents including the risks and benefits of the procedure(s).
That I have been given ample opportunity to ask questions and that any questions have
been answered to my satisfaction.

Please sign and date below:

Client Name:

Date: