



## **Telehealth Informed Consent**

**GreenSpace Counseling, LLC**

**Telehealth Informed Consent**

Effective Date: March 2021

Last Updated: January 2026

---

### **Nature of Telehealth**

Telehealth involves the use of secure videoconferencing technology to provide mental health services. Telehealth differs from in-person services because the provider and client are not in the same physical location.

---

### **Benefits & Risks**

Benefits may include increased access to care, convenience, and flexibility.

Risks may include technical difficulties, interruptions, unauthorized access, and limitations in emergency response.

---

### **Location Requirement**

I understand that I must be physically located in the State of Alaska at the time of telehealth sessions unless otherwise permitted by applicable law and clinician licensure.

---

### **Emergency Limitations**

Telehealth is not an emergency service. In the event of an emergency, I agree to call 911 or local emergency services.

---

### **Recording Prohibition**

I agree not to record telehealth sessions without prior written consent.

---

### **Consent**

By participating in telehealth services, I acknowledge that I understand and accept the risks and benefits of telehealth.

