



## **Telehealth Informed Consent**

### **GreenSpace Counseling, LLC**

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Effective Date: March 2021

Last Updated: January 2026

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#### **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.

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#### **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.

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#### **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.

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#### **Emergency Limitations**

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

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#### **Recording Prohibition**

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

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#### **Consent**

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

