

Consent for Telehealth Services

This document outlines what you can expect regarding Telehealth Services provided through the Jane App platform.

Your signature below indicates that you have read, understood, and agree to the following terms:

- Your therapist wishes you to engage in telehealth sessions for an initial intake as well as subsequent counseling sessions. You consent to receiving mental health treatment/psychotherapy by a mental health professional from Simply Sukoon LLC. Services may include diagnostic evaluations, individual therapy, couple's therapy, group therapy, or other therapeutic interventions.
- Your therapist has explained to you how the telehealth technology that will be used will not be the same as a direct client/provider visit due to the fact that your provider will not be in the same room as you.
- There are potential risks to the use of this technology, including interruptions, unauthorized access, and technical difficulties. Either your provider or you can discontinue the telehealth session/visit if it is felt that the telehealth connections are not adequate for the situation.
- In case of interruptions or technological difficulties, please ensure that you have your phone with you as the most reliable backup plan is for your therapist to call you. Please make sure that the correct phone number is provided to your therapist.
- Telehealth visits are subject to the Simply Sukoon Cancellation Policy as outlined in the Practice Policies & Informed Consent document.
- Your therapist from Simply Sukoon LLC is not a crisis counselor. If you are experiencing a life threatening emergency, including suicidal thoughts, you should call 911 or go immediately to the nearest emergency room.
- If you are experiencing psychotic symptoms, suicidal or homicidal thoughts, or are in a crisis that cannot be solved remotely, your therapist may determine you need a higher level of care and call the appropriate services in your area.
- You have had the opportunity to ask questions in regard to telehealth visits. Your questions have been answered and the risks, benefits, and any alternatives have been discussed with you in a language in which you understand.
- ***Please note that if your therapist is an LPC-Associate, your therapist is not allowed to bill insurance companies for services rendered due to licensure restrictions. It is up to you to pursue billing through your insurance provider for out-of-network services. You are responsible for fees and bills incurred by services provided by your LPC-Associate therapist from Simply Sukoon LLC.***

Fees for telehealth services provided by your therapist from Simply Sukoon LLC are the following:

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Service	Fee
First Counseling Session	\$170
Individual Counseling Session	\$150
Late Cancellation Fee	\$30
No Show Fee	\$50
Records Request	\$30

Your signature below confirms that you have read, agree to, and fully understand this document and all other Simply Sukoon Policies and Consent Forms. You understand the contents of these documents, including the risks and benefits of services provided. You have been provided ample opportunity to ask questions and seek clarification for anything that is unclear to you. This confirmation constitutes a legally binding signature.

_____ (Client Signature) _____ (Date)

_____ (Parent/Guardian Signature - if client is under 18)