

# Lake Psychological Services

115 Atrium Way  
Suite 221  
Columbia, South Carolina 29223

(803)699-8887  
(803)699-8824 (fax)  
LakePsych.com

## Telehealth Informed Consent

I agree to participate in technology-based psychotherapy and/or consultation and other health-care related information exchanges with \_\_\_\_\_, a behavioral health clinician at Lake Psychological Services. This means that I authorize information related to my medical and behavioral health to be electronically transmitted in the form of images and data through an interactive video connection to and from the above-named practitioner. It may also mean that my private health information may be transmitted from my practitioner's mobile device to my own or from my device to that of my practitioner via an application (“app”).

I understand that a variety of alternative methods of behavioral health care may be available to me, and that I may choose one or more of these at any time. My behavioral health care provider has explained that alternative to my satisfaction.

I represent that I am using my own equipment to communicate and not equipment owned by another, and specifically not using my employer's computer or network. I am aware that any information that I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

My behavioral health clinician has explained how the telehealth sessions are performed. My behavioral health clinician has explained how telehealth services will differ from in-person services, including but not limited to, emotional reactions that may be generated by the technology.

I understand that telehealth services have potential risks. For example, the technology could possibly fail before or during the therapy session. In that case, I understand that I can call Lake Psychological Services at (803)699-8887 and be connected telephonically with my clinician.

While security protocols are in place to protect the confidentiality of client information transmitted via electronic channels, I understand that in rare instances, security protocols could fail, causing a breach of privacy of personal health information.

I have been informed of any cost differences for services provided in-person versus through technology.

These are the names and telephone numbers of my local emergency contacts (including local family members, friends, physician, etc):

Name	Relationship	Telephone Number
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\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Date

**(see next page for financial agreement approval)**  
**Lake Psychological Services Financial Policy / Credit Card Approval**

In order to keep the doors open and collect fees for services rendered by our hard working health care providers, it has become necessary to institute some changes to our financial policy.

Payment is due at the time of service. Our office now requires a credit card be kept on file for payment of any balances on your account. If you don't provide us a credit card on file, we will not be able to schedule any future appointments until the current date of service is paid in full.

We will give your insurance provider 30 days to process your claim before charging your credit card. If we were to receive any payment after charging your credit card, we will refund you immediately upon receipt of the payment.

We must emphasize that as a behavioral health provider our relationship is with you, our client, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company.

As a courtesy, we will help you process all your insurance claims. Please understand we will provide an insurance estimate to you; however, it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits will determine the amount paid. We will do all we can to make sure your estimate is as accurate as possible. After a claim has been processed, you should receive an Explanation of Benefits (EOB) from your insurance company showing the charge, their payment, and your responsibility.

Our office accepts Mastercard or Visa (no American Express or Discover). We include a 2% credit card processing fee, which amounts to about half the cost we incur.

Your cc info will be blacked out once entered and encrypted in our medical software.

Thank you for your understanding and agreement to these policies.

Patient: \_\_\_\_\_

Credit Card Holder: \_\_\_\_\_

Credit Card: VISA / MASTERCARD

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I give Lake Psychological Services permission to charge my credit card for balances on the account of the patient(s) listed above.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_