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## CONSENT FOR TELEHEALTH SERVICES

Telehealth involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my provider and I will be able to see and speak with each other from remote locations. This document shall provide informed consent for the use of technology while receiving services from TCP.

I understand and agree that:

- I will not be in the same location or room as my provider, and that I will report my location accurately during registration.
- My provider is licensed in the state in which I am receiving services.
- Potential benefits of telehealth (which are not guaranteed or assured) include access to medical care if I am unable to travel to my provider's office and, during times of public health events, reduced exposure to other individuals in a physical location.
- Potential risks of telehealth include delays in evaluation or treatment due to technical difficulties or interruptions, unauthorized access to my information, or loss of information due to technical failures. I will not hold That Counseling Place responsible for lost information due to technological failures.
- I understand that my provider's advice, recommendations, and decisions may be based on factors not within his/her control, including incomplete or inaccurate information provided by me. I agree to provide complete and accurate information about my medical history, conditions, and current and past treatment to the best of my ability.
- I may discuss the risks and benefits with my provider and will be given the opportunity to ask questions about telehealth services. I have the right to withdraw consent or end a telehealth session at any time.
- I understand that the standard of care provided via telehealth is intended to be the same level as an in-person visit. However, if my provider believes I would be better served by face-to-face care or another form of service, I may be referred to an appropriate medical provider, facility, or emergency service.

## VIDEO RECORDING AND HIPAA-COMPLIANT AI TRANSCRIPTION

Sessions will not be video recorded without prior notice. In the event the therapist deems it necessary, this document serves as authorization to do so. Clients are also requested not to record sessions without prior agreement by all parties involved. Clients may decline recording at any time before or during a recorded session.

In addition, the therapist may use secure, HIPAA-compliant artificial intelligence systems within the client portal to record audio and/or video sessions for the sole purpose of generating accurate transcription and clinical documentation. Recordings and transcriptions will be stored securely and used only for professional purposes as part of the clinical record. Clients may decline the use of AI-assisted recording or transcription at any time prior to or during a session.



That  
Counseling  
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*Connecting you to your peace.*

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Client Signature

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Date