

Emergency Telehealth Counseling Consent Form

This **emergency telehealth counseling consent form** sample ensures clear communication and agreement between clients and providers during urgent mental health sessions. It outlines the terms, confidentiality, and procedures necessary for remote counseling in emergency situations. Utilizing this form helps protect both parties while facilitating timely and effective care.

Client Information

Full Name:

Date of Birth:

Contact Number:

Provider Information

Provider Name:

License/Certification #:

Consent to Emergency Telehealth Counseling

- I acknowledge that the session will be conducted via secure telehealth technology.
- I understand the limitations of telehealth, including potential technical failures and privacy risks.
- I consent to participate in emergency counseling remotely and agree to follow recommended procedures in case of crisis.
- I understand that confidentiality will be maintained as required by law, except in cases where disclosure is required to prevent harm.
- I understand I may withdraw my consent and discontinue telehealth services at any time.

Emergency Procedures

In the event of a mental health crisis or emergency during the session, I agree to:

- Immediately inform the provider of my situation.
- Provide my physical location for emergency intervention if needed.
- Follow up with local emergency services as advised.

Consent & Signature

Client Signature:

Date:

Provider Signature:

Date:

Submit Consent