

CONSENT TO PARTICIPATE IN TELEHEALTH
With Brian Milliken LPCC, LMFT

I will be receiving behavioral health care services utilizing interactive video/telephonic technology with Brian Milliken, LPCC, LMFT. I understand the use of video/telephonic technology is a new method of health care delivery and there are no known risks involved with receiving my care in this way. I understand my participation in this is completely voluntary and I may decide to quit at anytime. My privacy and confidentiality will be protected at all times. However, I understand that I am responsible for the confidentiality risks of my own surroundings while using my device for telehealth services.

In the event of audio/video disconnection, I, Brian Milliken LPCC, LMFT will:

- 1) Attempt to reconnect to you via the platform
- 2) Attempt to reach you using the chat box located on the lower right of the screen,
- 3) Call you by telephone to resolve the technical problems. If the platform cannot be recovered, we have the option to continue the counseling session by phone.

If there is no way to reconnect, and you feel you are in a crisis, you can contact a crisis line at 1-855-662-7474

Please provide an emergency contact within a 25 mile radius of you:

Name: _____ Telephone# _____

I understand the services I receive will become part of my treatment record. I have read this document and I hereby consent to participate with Brian Milliken, LPCC, LMFT under the terms described above.

Printed Name of Client/s

Signature of Client

Date

Signature of Client

Date

Signature of Clinician

Date