

Healing Perspectives: Time Well Spent, Counseling and Resource Center, LLC
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Electronic Communication Agreement and Consent for Use

As a client (or parent/guardian of a client) of Laurel Jean Rebenstock, LMSW, CAADC,

I acknowledge that any electronic communication sent or received on my (or my child's) behalf may become a part of my legal medical record. This includes texts, phone calls, emails, and videoconferencing.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that therapy sessions or other communication could be disrupted or distorted by technical problems, power outages, lost signals, etc. or could be accessed by unauthorized persons.

I further acknowledge that I willingly accept this risk associated with using any or all forms of electronic communication and will not hold Laurel Jean Rebenstock, LMSW, CAADC or Healing Perspectives: Time Well Spent, Counseling and Resource Center, LLC responsible for breaches of security that happen as a result.

I understand that the dissemination of any personally identifiable images or information from a Telehealth interaction to any other entities shall not occur without written consent.

I understand that while there are many benefits, Telehealth results cannot be guaranteed.

I have a right to confidentiality with Telehealth under the HIPAA laws that protect medical information for in-person psychotherapy. Exceptions include mandatory reporting of child, elder, and dependent adult abuse and any serious threats of violence I may make towards another person or myself.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to Laurel Jean Rebenstock, LMSW, CAADC at any time.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction.

I hereby consent to participating in Teletherapy with: Laurel Jean Rebenstock, LMSW, CAADC

Client Cell Phone _____ Client Home/Other Phone _____

Email Address _____

Client Name _____

Signature _____ Date _____

Client or Parent/Guardian