

RIVERHOUSE MINISTRIES, INC.
REMOTE PASTORAL
COUNSELING
CONSENT FORM

CONSENT FOR REMOTE PASTORAL CONSULTATION

1. I understand that my pastoral counselor would like me to participate in a remote pastoral consultation.
2. My pastoral counselor explained to me how the video conferencing technology that will be used will not be the same as a direct pastoral counseling visit, due to the fact that I will not be in the same room as my pastoral counselor.
3. I understand that remote pastoral counseling has potential benefits, including allowing access to pastoral counseling from any location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my pastoral counselor or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my pastoral counselor, during which I had the opportunity to ask questions regarding this procedure. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY CAREPATRON SERVICE

Telehealth by Carepatron is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use, and no passwords are required to log in. By signing this document, I acknowledge:

1. Telehealth by Carepatron is NOT an Emergency Service, and in the event of an emergency, I will use a phone to call 911.
2. I do not assume that my pastoral counselor has access to any or all of the technical information in the Telehealth by Carepatron Service – or that such information is current, accurate, or up-to-date. I will not rely on my pastoral counselor to have any of this information in the Telehealth by Carepatron Service.

3. To maintain confidentiality, I will not share my remote pastoral counseling appointment link with anyone unauthorized to attend the appointment.

By signing, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents, including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature: _____

Date: _____