

JESSICA ACKER LPC, 12321 TIERRA HUMEDA, EL PASO TX 79938. 915-691-7130. JAG33313@OUTLOOK.COM

WWW.JESSICAACKER.COM

I understand the following:

1. The purpose is to assess and treat my presented psychological and psychosocial difficulties.
2. Telehealth is done through a two way auto/video link-up whereby Jessica Acker Lpc, EL Paso can see my image on the screen and hear my voice. However, unlike a traditional therapeutic consult, the therapist does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.
3. Since the telehealth consultants' practice in a different location does not have the opportunity to meet with face to face, they much rely on information provided by me or any other party for which you release information to through our office. We Jessica Acker INC, cannot be responsible for advice, recommendations and/or decisions based on incomplete or inaccurate information provided to me by yourself or others.
4. I can ask questions and seek clarification of the procedures and telehealth technology.
5. I can ask that the telehealth program,, consultation and/or videoconference be stopped at any time.

6. I know there are potential risks with the use of this technology. These include but are not limited to:
- Interruption of the audio/video link
 - Disconnection of the audio/video
 - A picture that is not clear enough to meet the needs of consultation
 - Electronic tampering

If any of these risks occur, the procedure may need to be stopped and postponed.

7. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
8. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telehealth consultations, and all existing confidentiality protections under federal and state law apply to information disclosed during this telemedicine consultation.
9. I understand that the telehealth consultation will be paid by me or any insurance.
10. I understand I can make a complaint of my provider
11. MAY VISIT: www.dshs.texas.gov/counselor

Or call: 1-800-942-5540

WRITE TO:

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL
COUNSELORS
INVESTIGATIONS
PO BOX 141369
AUSTIN TX 78714-1369

I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree its contents. I volunteer to its contents. I volunteer to participate in the telemedicine examination. I authorize Jessica Acker LPC to perform therapy and referrals that may be necessary for my current condition.

For questions you may contact Jessica Acker at: 12321 Tierra Humeda, El Paso, TX 79938. Or call 915-691-7130

Signature _____ Date: _____