

TELEHEALTH INFORMED CONSENT

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

Telehealth allows mental health services to be provided when the therapist and client are in different physical locations using electronic communication technology. This form explains the nature of telehealth, its benefits and limitations, privacy considerations, emergency procedures, and your choices. Please review it carefully before consenting.

PROVIDER INFORMATION

Provider: Monica Rose, LMSW

Practice: Alternative Pride Wellness, LLC

Phone: (231) 828-1905

Email: Monica@alternativepridewellness.com

Monica Rose, LMSW provides psychotherapy within the scope of her professional license. Telehealth services are subject to applicable professional, ethical, licensing, privacy, and payer requirements.

WHAT IS TELEHEALTH?

Telehealth is the delivery of health care services using electronic information and telecommunications technology when the client and clinician are in different locations. For this Practice, telehealth may include secure real-time video and audio psychotherapy sessions and approved electronic communication related to care.

Telehealth is intended to provide access to psychotherapy without requiring the therapist and client to be physically present in the same room.

VOLUNTARY PARTICIPATION & RIGHT TO DECLINE

Participation in telehealth is voluntary. You may ask questions about telehealth before consenting and may discuss concerns about telehealth at any time.

You may decline telehealth services or withdraw your consent to receive services through telehealth. Because Alternative Pride Wellness is a telehealth practice, declining telehealth may mean the Practice is unable to provide ongoing psychotherapy to you. When clinically appropriate, the therapist may discuss other treatment or referral options.

POTENTIAL BENEFITS

Potential benefits of telehealth may include improved access to mental health care, reduced travel, greater scheduling convenience, continuity of treatment when appropriate, and the ability to participate in therapy from a private location of your choosing.

RISKS & LIMITATIONS OF TELEHEALTH

Telehealth also has risks and limitations. These may include technology failures, interrupted or delayed communication, poor audio or video quality, internet or device problems, unauthorized access despite reasonable safeguards, and reduced ability for the therapist to observe some nonverbal or environmental information that may be available during an in-person session.

Privacy can also be affected by the client's environment. Other people may overhear a session if the client participates from a location that is not private.

Telehealth may not be clinically appropriate for every client or every situation. If the therapist determines that telehealth is not appropriate or that a higher or different level of care is needed, the therapist may recommend alternative services, an in-person provider, crisis services, or another level of care.

PRIVACY & CONFIDENTIALITY

Alternative Pride Wellness uses reasonable administrative, technical, and physical safeguards intended to protect the confidentiality and security of protected health information.

Telehealth and electronic systems may involve third-party platforms used for video sessions, electronic health records, scheduling, billing, or related services. Alternative Pride Wellness may use Headway and/or TherapyNotes for these functions.

Although reasonable safeguards are used, no electronic communication system can be guaranteed to be completely secure. Clients are encouraged to use a private device, secure internet connection, headphones when helpful, and a private location.

Confidentiality during telehealth is subject to the same general legal and ethical protections and exceptions described in the Practice's Notice of Privacy Practices and informed-consent materials.

CLIENT LOCATION & IDENTITY

At the beginning of a telehealth session, the therapist may confirm your identity, current physical location, and a telephone number where you can be reached. This information may be necessary for licensure compliance, clinical care, and emergency response.

You agree to accurately tell the therapist where you are physically located during each telehealth session when requested.

Because professional licensure rules generally depend on where the client is physically located at the time services are delivered, the therapist may be unable to provide a scheduled session if you are located in a jurisdiction where the therapist is not legally authorized to practice.

PRIVATE & APPROPRIATE SESSION ENVIRONMENT

You are responsible for choosing a reasonably private, safe, and appropriate location for telehealth sessions.

Whenever possible, avoid participating while driving, operating machinery, or engaging in activities that interfere with privacy, attention, or safety. The therapist may pause or end a session if the environment

prevents safe or clinically appropriate treatment.

TECHNOLOGY FAILURE & BACKUP PLAN

If the video or audio connection fails, the therapist and client may attempt to reconnect. The therapist may contact you using the telephone number on file or another approved communication method.

Depending on the circumstances, the session may continue through an appropriate backup method, be rescheduled, or end early. The therapist will use clinical judgment and applicable privacy requirements when determining how to proceed.

EMERGENCIES & CRISIS CARE

Alternative Pride Wellness is not an emergency or 24-hour crisis service.

If you are experiencing a medical or psychiatric emergency, believe you may harm yourself or someone else, or need immediate intervention, call 911 or go to the nearest emergency department. In the United States, you may also call or text **988** to reach the Suicide & Crisis Lifeline.

Because the therapist is not physically present with you, telehealth can create limitations during emergencies. If the therapist believes emergency intervention is necessary, information such as your current location and emergency contact information may be used or disclosed as permitted or required by law to help obtain appropriate assistance.

EMERGENCY CONTACT INFORMATION

The Practice may request an emergency contact and local emergency-resource information when clinically appropriate. Providing accurate and current information can help the therapist respond if an urgent safety situation occurs during a remote session.

RECORDING OF TELEHEALTH SESSIONS

Neither the client nor the therapist should independently make an audio, video, screen, or other recording of a psychotherapy session without appropriate notice and agreement and without satisfying applicable legal and Practice requirements.

Alternative Pride Wellness may separately use an AI-assisted clinical documentation tool as described below. AI-assisted processing for documentation is governed by the Practice's disclosures and consent procedures and should not be understood as permission for either party to independently record or distribute therapy sessions.

AI-ASSISTED CLINICAL DOCUMENTATION

Alternative Pride Wellness may use **TheraPro AI** to assist with preparation of clinical documentation. Information from a therapy session may be processed to help generate draft documentation.

TheraPro AI does not replace the therapist, independently diagnose clients, make treatment decisions, or independently provide psychotherapy. **Monica Rose, LMSW remains responsible for reviewing, editing as needed, approving, and finalizing the clinical documentation.**

Additional information about AI-assisted documentation, privacy, and client choices may be provided through a separate AI-Assisted Clinical Documentation Disclosure and Consent.

ELECTRONIC COMMUNICATION OUTSIDE SESSIONS

Email, voicemail, portal messaging, and text-based communication are generally intended for scheduling, administrative matters, and limited non-urgent communication unless otherwise agreed.

These methods should not be used for emergencies. Clients should use secure portals or other designated secure communication methods for sensitive clinical information whenever available.

FEES, INSURANCE & TELEHEALTH

Telehealth services are subject to the Practice's financial and attendance policies. Insurance coverage for telehealth depends on the client's plan, eligibility, benefits, and applicable payer requirements.

Clients remain responsible for applicable patient-responsibility amounts as described in the Alternative Pride Wellness Practice Policies and financial agreements.

ALTERNATIVES TO TELEHEALTH

Possible alternatives may include receiving services from an in-person mental health professional, another telehealth clinician, a different level of behavioral health care, or community-based services depending on your needs and available resources.

Alternative Pride Wellness is a telehealth practice and does not guarantee availability of an in-person alternative through this Practice.

QUESTIONS & CONTACT

You are encouraged to ask questions about telehealth, privacy, technology, emergency procedures, or this consent before signing.

Monica Rose, LMSW

Alternative Pride Wellness, LLC

Phone: (231) 828-1905

Email: Monica@alternativepridewellness.com

CONSENT TO TELEHEALTH SERVICES

By signing below, I acknowledge and agree that:

- I have read or had the opportunity to review this Telehealth Informed Consent.
- I understand that therapy will be provided remotely through telehealth rather than with the therapist physically present in the same location.
- I understand the potential benefits, risks, capabilities, and limitations of telehealth and have had the opportunity to ask questions.
- I understand that telehealth involves electronic technology and that, despite reasonable safeguards, electronic communication carries privacy and security risks.
- I agree to provide my accurate physical location during telehealth sessions when requested.
- I understand the Practice is not an emergency service and know to use 911, the nearest emergency department, or 988 when immediate crisis assistance is needed.
- I understand that telehealth may not be appropriate in every circumstance and that the therapist may recommend another provider or level of care when clinically indicated.
- I understand that I may decline or withdraw consent to telehealth, but because Alternative Pride Wellness is a telehealth practice, doing so may mean that Alternative Pride Wellness cannot continue providing psychotherapy to me.
- I understand that separate Practice Policies, privacy notices, financial agreements, and AI documentation disclosures may also apply to my care.

I voluntarily consent to receive psychotherapy services from Alternative Pride Wellness, LLC through telehealth.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice review note: This form was drafted to reflect Michigan's general telehealth-consent requirement and common psychotherapy telehealth practices. Before formally adopting it, review it for consistency with current Michigan social-work rules, payer contracts, malpractice-carrier requirements, your actual

technology workflow, and any jurisdictions in which clients may be physically located.