

# Women's Counseling & Wellness Collective

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## TELEHEALTH INFORMED CONSENT

*Effective May 2026 | Florida & Ohio | Virtual Practice*

### 1. What Telehealth Is

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Telehealth allows us to meet for scheduled appointments via secure video connection rather than in person. Sessions are conducted through Telehealth by SimplePractice, a HIPAA-compliant videoconferencing platform. No passwords are required to join. You will receive a unique link prior to each appointment.

Telehealth by SimplePractice is a videoconferencing platform and is not a provider of healthcare services. The platform facilitates our connection but is not responsible for the clinical care you receive. You should not rely on SimplePractice as a record of your care.

### 2. Where You Must Be Located

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Because my license to practice psychology is held in Ohio (P.08643) and Florida (PY13059), you must be physically located in one of those two states at the time of each session. This practice does not participate in the PSYPACT interstate compact; licensure is limited to Florida and Ohio only.

If you are traveling or relocating, please notify me in advance. Sessions cannot be conducted while you are located outside of Ohio or Florida, regardless of your state of residency. Before each session, you will be asked to confirm your current physical location.

**IMPORTANT:** Please provide your current physical address — including a temporary address when traveling within FL or OH — at the start of each session or whenever your location changes.

This information is required for your safety and to ensure services are provided within my licensed jurisdiction.

### 3. Benefits of Telehealth

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Telehealth offers meaningful advantages for many clients, including access to care from a location of your choosing, reduced travel time, and greater scheduling flexibility. Research supports the effectiveness of telehealth delivery for many mental health concerns, including anxiety, depression, trauma, and perinatal mental health.

### 4. Risks and Limitations of Telehealth

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Telehealth is not identical to in-person care, and there are limitations and risks you should be aware of:

- Technology failures, including poor internet connection, audio or video disruption, or platform outages, may interrupt a session. If a session is disconnected, I will attempt to reconnect via the platform within 5 minutes. If reconnection is not possible, I will contact you by phone at the number on file to continue or reschedule.
- Confidentiality depends in part on your environment. You are responsible for ensuring you are in a private, secure location during sessions where others cannot see or overhear the conversation. The use of public Wi-Fi is discouraged.
- Telehealth may not be appropriate for all clinical presentations. If I determine at any point that in-person care would better serve your needs, I will discuss that with you directly and assist with referrals as appropriate.

- Sessions may not be recorded by either party without prior written authorization. Unauthorized recording is a violation of this agreement.

## 5. Confidentiality and Your Responsibilities

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Your session link is unique to you and should not be shared with anyone not authorized to attend. Sessions are not recorded by this practice. To protect your privacy, please join from a private space using a personal device on a secure internet connection.

You are responsible for the following:

- Attending sessions from a private, quiet location where you cannot be overheard
- Using a device with a working camera, microphone, and reliable internet connection
- Not recording sessions without prior written authorization
- Notifying the practice promptly if your location changes to a state where I am not licensed
- Ensuring your current physical address and emergency contact information are on file at all times

## 6. Emergencies

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Telehealth by SimplePractice is not an emergency service. If you are in crisis or experiencing a psychiatric or medical emergency, call 911 or go to your nearest emergency room. At the start of our work together, we will identify a local emergency contact and crisis resources specific to your location.

Because sessions are conducted remotely, please ensure your current physical address is on file before each session. In the event of a safety concern, this information may be needed to dispatch emergency services to your location.

### **CRISIS RESOURCES — Available 24/7**

988 Suicide & Crisis Lifeline: Call or Text 988

Crisis Text Line: Text HOME to 741741

Local Emergency Services: Call 911

Postpartum Support International Helpline: 1-800-944-4773

## 7. State-Specific Legal Requirements

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Florida: Florida law (Section 456.47, F.S.) requires that clients be informed that services are delivered via telehealth and that consent be obtained prior to the first session. By signing this document, you confirm that you have been so informed and that you consent to telehealth delivery of services.

Ohio: Ohio Administrative Code Rule 4732-17 governs the provision of psychological services via telehealth. Ohio law requires that clients be informed of the telehealth nature of services and provide consent. By signing this document, you confirm your understanding and consent.

## 8. Your Right to Withdraw Consent

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Participation in telehealth is voluntary. You may withdraw your consent at any time by notifying the practice in writing. Withdrawal of consent will not affect your right to receive services in another format if and when in-person services become available. If telehealth is the only available format and you withdraw consent, appropriate referrals will be provided.

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## CONSENT & ACKNOWLEDGMENT

By signing below, I confirm that I have read and understood this document. I have had the opportunity to ask questions, and any questions I had have been answered to my satisfaction. I understand the benefits, risks, and limitations of telehealth services as described above, and I consent to receive services via telehealth through Women's Counseling & Wellness Collective.

I confirm that I will be physically located in Ohio or Florida during all scheduled sessions, and I understand that sessions cannot proceed if I am located outside of those states.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

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Client Name (Print)

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Date

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Client Handwritten Signature

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Date

*If signing on behalf of a minor or dependent adult:*

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Guardian Name (Print)

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Date

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Guardian Handwritten Signature

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Relationship to Client

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Date