

Ravita T. Omabu Okafor, MSW, LCSW
Telehealth Services Statement of Understanding

Disclaimer: Ravita does not uniformly offer telehealth services (via videoconferencing) to all clients. Her primary mode of practice is face-to-face counseling in the office. She does not offer this confidential, HIPAA-Compliant service to everyone who requests it. She offers this option to provide an alternative means to access services when clients face limitations caused by special circumstances (e.g., health challenges, transportation costs, family caregiving responsibilities, work schedules, etc.). In most cases, before providing telehealth services to clients, Ravita will have completed an initial evaluation in the office.

Requirements: Upon approval for telehealth services:

1. The client and therapist must **both** have locations in North Carolina at the time *of service.
2. At the time of service, the client must have a secure, private location (free from distractions and interruptions) that ensures confidentiality and the ability to focus on the session.
3. If, at any time, Ravita or the client determines that continuing to provide remote services is no longer beneficial or presents a risk to a client's emotional or physical well-being, Ravita and the client will discuss the issue and develop an alternative service plan.

Fees: Ravita charges clients no additional fees for telehealth services.

In case of a mental health emergency, call Ravita's cell number (919-819-5971) and provide details of your emergency. Ravita will respond as soon as possible. If your situation requires more immediate assistance, please contact the Wakebrook Crisis Stabilization Center at 984-974-4850 or Holly Hill Respond at 919-250-7000.

By my signature below, I confirm understanding and agreement with the following statements:

1. I understand there are potential risks to this technology, including the possibility that the telehealth connection will not work or that it will stop working during the consultation. The audio capability or other aspects of the transmissions may not be clear enough to be useful for the session, or that some information may not get adequately transmitted over the connection. I understand transmission interruptions, unauthorized access, and technical difficulties could occur. Accordingly, I will not hold Ravita T. Omabu Okafor, MSW, LCSW or individuals/vendors acting on upon her behalf responsible for any consequences
2. that may arise from the delivery of such prescribed services or from system breakdown.
3. I understand that payment by credit, debit, or flex card is due at the time of service.

4. I understand that if I have any questions about Ravita's telehealth services, I may contact her by phone (919-266-4646) or email (ravitaok@ravitaokafor.com).

By signing this form, I affirm:

- a. That I have read or had this form read/explained to me
- b. That I fully understand its contents, including the risks and benefits of the service
- c. That I had the opportunity to ask questions and that Ravita answered questions to my satisfaction

Client/Guardian's Printed Name

Client/Guardian's Signature

Date

Ravita T. Omabu Okafor, MSW, LCSW

Date