

CONSENT FOR TELEHEALTH CONSULTATION

Consent for Telehealth Consultation
Judith Needham-Penrose, PhD, LMFT – MFC21711

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. The video conferencing technology that will be used to enact such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).
4. Telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
5. There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
6. We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
7. We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
8. You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
9. A computer or smart phone with a working webcam will be required for telehealth sessions.
10. It is important to be in a quiet, private space that is free of distractions during the session. This is to allow you to focus on our conversation as well as to ensure your confidentiality.
11. It is important to use a secure internet connection rather than public and/or free wi-fi for your confidentiality.
12. I have had a direct conversation with my provider, 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.
13. As your therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should continue our sessions in person.

CONSENT TO USE THE TELEHEALTH BY DOXY.ME SERVICE

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

1. Telehealth by Doxy.me is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither Doxy.me nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by Doxy.me Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by Doxy.me Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by Doxy.me Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I/we 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

Signature

Phone