

Telehealth Consent Form

TeleHealth Consent

1. I understand that my health care provider has invited me to participate in a tele-health counseling session.
2. My health care provider has explained to me how the video conferencing technology will be used, and that such a consultation will not be the same as a direct patient/therapist visit due to the fact that I will not be in the same room as my therapist.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my therapist or I can discontinue the tele-counseling session if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.
5. I have had the alternatives to a telehealth consultation (no session, phone contacts, face to face appointments once office re-opens) explained to me, and I am choosing to participate in a Telehealth consultation.
6. In an emergency situation, I understand that the responsibility of the tele-counselor is to advise my local practitioner or other emergency services who will assume responsibility once I am connected to them and the video conference connection is terminated.
7. I understand that billing will occur from my therapist online and the financial policy I signed previously will be upheld. Insurance will cover the cost only during the COVID 19 crisis. Afterwards I will be responsible for payment in full. If I have any questions regarding billing amounts, co-pays or financial responsibility I will contact my therapist.

By signing this form, I certify that:

- I have read or had this form read and/or had this form explained to me
- I fully understand its contents, including the risks and benefits of Telehealth.
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature: _____ Date: _____