



CONSENT FOR TELEHEALTH SERVICES

Technology has provided new opportunities for you to receive therapy even when you can't make it in to my office. I provide services via video and phone to clients for whom telehealth services are a good fit.

Benefits of telehealth services include convenience and accessibility. Risks include the risks inherent to technology use, such as data being intercepted, or others at your end of the conversation overhearing. I encourage you to make sure that you have a quiet, private space for our scheduled telehealth sessions.

By signing this form, I acknowledge that:

1. My healthcare provider wishes me to engage in a telehealth consultation.
2. My healthcare provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/healthcare provider visit due to the fact that I will not be in the same room as my provider.
3. A telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I must be present in the State of Ohio during telehealth appointments.
5. I understand and agree to be in a private space where no other individuals are able to overhear the content of my session.
6. There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation and that I will be responsible for the fee associated with the appointment.
7. I understand that if I choose to use my insurance to pay for this appointment that my provider cannot guarantee whether or not this service will be covered under my current insurance plan. As a result, I understand that it is my responsibility to verify this is a covered service with my insurance provider and that ultimately if my insurance company will not pay for this service received; it will be my responsibility to pay my provider for the total billed amount for this appointment.
8. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to 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.

CONSENT TO USE THE TELEHEALTH PLATFORM

By signing this form, I acknowledge that:



1. The telehealth platform chosen by my healthcare provider is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. The telehealth platform chosen by my healthcare provider does not provide any medical or healthcare services or advice including, but not limited to, emergency, or urgent medical services.
3. The telehealth platform chosen by my healthcare provider 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 within the telehealth platform or that such information is current, accurate or up-to-date. I will not rely on my healthcare provider to have any of this information.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I 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.

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