

3. Telehealth Disclosure

1. I understand that my therapist wishes me to engage in the use of Telehealth for treatment purposes.
2. My therapist has explained to me how the video conferencing technology will be used during sessions and that sessions will not be the same as a client/therapist visit due to the fact that I will not be in the same room as my health care provider.
3. I understand that all efforts have been made by my therapist to mitigate the potential risks of Telehealth. 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 Telehealth 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. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the Telehealth room: and or (3) terminate the consultation at any time.
5. I have had the alternatives to Telehealth sessions explained to me, and in choosing to participate in Telehealth.
6. I have had a direct conversation with my therapist during which I had the opportunity to ask questions in regard to Telehealth. 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.

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