



CONSENT FOR TELEHEALTH

I _____ understand that my health care provider offers to engage in telehealth sessions.

- My health care provider explained to me how the telehealth conferencing technology that will be used to affect such sessions 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.
- I understand that telehealth sessions have potential benefits including easier access to care and the convenience of meeting from a location of my choosing (within the state of Illinois).
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider will take reasonable steps to ensure my privacy. I will make sure to find a private place for sessions where I will not be interrupted. I will protect the privacy of sessions on my cell phone or other device. I will participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation. 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.
- I have had a direct communication 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.
- I understand that telehealth sessions are not meant for crisis situations. Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person session. If the session is interrupted for any reason, such as the technological connection fails, and I am having an emergency, I know not to call my health care provider back; instead, I will:
 - call 911
 - call the National Crisis Lifeline at 800-273-8255
 - text The Crisis Text Line "Home" to 741741
 - and/or go to my nearest emergency room.
- I will call my health care provider back after I have called or obtained emergency services.

I understand that the same rate fees apply for telehealth. If using insurance, I understand that whatever my insurance benefit does not pay for, I am solely responsible for.

- I understand that telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. My health care provider will maintain a record of our session in the same way records are maintained for in-person sessions in accordance with the practice's policies.
- I understand this agreement is intended as a supplement to the general informed consent that was agreed to at the outset of treatment and does not amend any of the terms of that agreement.



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- Telehealth by Doxy.me is the technology service we will use to conduct telehealth conferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:
- Telehealth by Doxy.me is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
- Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither Doxy.me nor the Telehealth Service provides any emergency medical services including, but not limited to, emergency or urgent medical services.
- 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.
- 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 SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature _____

Date _____