



Telehealth Only Consent Form Client Name: _____ D.O.B. _____

The intent of telehealth appointments is for the client and provider, who are at two different locations, to have a scheduled therapy session. By utilizing a HIPAA compliant video platform, the client and their provider can have a conversation with real time capability. Telehealth sessions are billed using the same procedures as in-person visits. In the event of equipment or software failure, the provider will make arrangements to reschedule the telehealth session or arrange for an in-person visit.

Confidentiality:

Telehealth is subject to confidentiality requirements under HIPAA for the protection of the individual's privacy while receiving services. Telehealth should be delivered using telecommunication technology that is compliant with confidentiality standards of state and federal law. Providers using telehealth will make every reasonable effort to decrease the risks associated with the use of telehealth. I further understand that my confidential information will not be disclosed without my consent.

Provider Responsibilities:

1. Sit in a private location in which no one can overhear the conversation
2. Use technology that is secure (TherapyNotes)
3. Inquire if the client has anyone else in the room with them
4. To NOT record the visit
5. Maintain the confidentiality of client information

Client Responsibilities:

1. Cancellation policy for in-person sessions applies to telehealth as well
2. Sit in a private location in which no one else can overhear the conversation
3. Turn off other electronic equipment so that you can fully participate in session
4. Let the provider know if someone else is in the room with you

Signature: _____ **Date:** _____