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Telehealth Consent Form

I understand that under certain circumstances telehealth services may be necessary and as such will be offered.

I have received a thorough explanation on the benefits as well as the risks and/or limitations of such. This includes issues of privacy and confidentiality in using these virtual platforms. I have been given an explanation of the telehealth platform and have been given the resources on how to use the platform provided. Some of the limitations of utilizing telehealth may include not being in the same physical space as my provider.

I have been made aware of potential risks of utilizing this technology including interruptions, technical difficulties where the internet connection may impede the quality of the virtual connect, as well as potential of unauthorized access of my healthcare information. The consent to utilizing telehealth may be revoked at any time either by myself or the provider for the above reasons. When utilizing this technology such as video conferencing I agree to be in a private space with the door closed without any interruptions, to the fullest extent possible. Only myself and my provider will be participating in the session, unless a previous agreement has been made. This is for the purposes of maintaining confidentiality.

By signing this release I am agreeing that a thorough understanding has been reached of the benefits as well as the risks and/or limitations of utilizing this technology and all my questions have been answered to my satisfaction.

By signing this form, I acknowledge my willingness to participate in telehealth services with the above named individual.

Client Signature _____

Client Print Name _____

Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Date: _____

Provider Signature: _____

Date: _____