

# Solara Psychological



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## **Informed Consent for Telehealth Services**

### **Introduction**

Welcome to Solara Psychological Services. We are committed to providing you with high-quality health care such as the Doxy platform or Spruce—a secure, HIPAA-compliant telehealth service. This consent form outlines our telehealth practices, including virtual consultations, intake assessments, and the delivery of results.

### **Provider Information**

Arthur R. Cardona, PsyD, TX License#34800

### **Telehealth Services Description**

Through the Doxy or Spruce platform, we offer the following services:

- Virtual Consultations: Engage with healthcare providers in real-time to discuss health issues and receive advice and treatment options.
- Intakes: Comprehensive initial assessments to understand your health needs and goals.
- Delivery of Results: Secure communication of your healthcare results via telehealth.

### **Technology Requirements**

To participate in telehealth services, you will need:

- A reliable internet connection.
- A computer, tablet, or smartphone with a camera and microphone.

### **Consent to Telehealth**

By signing this form, you consent to receive health care services via telehealth on the Doxy platform. You acknowledge that you understand the nature of telehealth services and agree to the procedures outlined herein.

### **Risks and Limitations**

While telehealth provides convenience and access to care, there are potential risks including interruptions, unauthorized access, and technical difficulties. We have implemented protocols to minimize these risks.

## Privacy and Security

All telehealth sessions on the Doxy platform are conducted over encrypted connections. All data is stored in accordance with HIPAA regulations to ensure your privacy and security.

## Patient Responsibilities

- Ensure the privacy of your health information during telehealth sessions.
- Provide complete and accurate health information.
- Confirm that all required paperwork is completed and submitted before the initial interview.

## Emergency Procedures

In case of an emergency, disconnect and dial emergency services immediately. Telehealth is not suitable for emergency situations.

## Consent Process

This consent form will be provided to you as a fillable PDF via email. Your electronic signature on this document will serve as confirmation of your consent to participate in telehealth services.

## Acknowledgment

I have read and understand the information provided in this document. I have had the opportunity to ask questions about this information, and all my questions have been answered to my satisfaction.

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Name

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Signature

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Date

Warmest regards,



Dr. Cardona and Team