

Telehealth Consent Form

DAMORE THERAPY

1. I hereby authorize Damore Therapy to use the Telehealth practice platform for telecommunication for mental health counseling.
2. I understand that technical difficulties may occur before or during the Telehealth sessions and my appointment may not be started or ended as intended.
3. I accept that the professionals can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
4. I agree that my mental health records on Telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.

Signature

Date