

## TELEHEALTH SERVICES CONSENT FORM

**Telehealth Definition:** Telehealth is a way for you to conduct sessions with Peter A. Gold, Psy.D. from any location in the state of Florida. You don't physically travel to a clinic or hospital. Most patients choose to conduct their visits from the comfort of their own home or in some instances on a lunch break their parked vehicle – your visit can be anywhere you like within the states Peter A. Gold, Psy.D. is licensed in as long as you are in a private location where others will not be able to hear your session and somewhere that allows you to access the internet. You can meet with Peter A. Gold, Psy.D. via an electronic device such as a phone, computer, or tablet by transmitting audio and video.

**Potential risks for the use of telehealth:** As with any medical procedure, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

1. In rare cases, information transmitted may not be sufficient due to a poor connection, leading to a need to reschedule the visit.
2. Delays in Telehealth evaluation and treatment could occur due to deficiencies or failures of the equipment.
3. In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
4. You and Peter A. Gold, Psy.D. will not be in the same room for the telehealth visit, so it may feel different from an office visit.
5. Not all networks are private and secure. It is the responsibility of the patient to ensure that the network and device used by the patient for telehealth services is secure and private.

### Informed Consent for Telehealth Services:

- I understand that telehealth is the use of electronic information and communication technologies by Peter A. Gold, Psy.D. to deliver services to me while I am located at a different location than Peter A. Gold, Psy.D. is.
- I understand that the telehealth visit will be done through a two-way video link-up.
- I understand that I must be in Florida for Peter A. Gold, Psy.D. to see me and that Peter A. Gold, Psy.D. is relying on me to be honest about my location.
- I understand that Peter A. Gold, Psy.D. will never record our sessions and I agree that I will never record sessions either.
- I understand that the laws that protect privacy and the confidentiality of protected health information including (HIPPA) also apply to telehealth.
- I understand that I will be responsible for any payments or copayments that apply to my telehealth visit and that these fees will be charged to my Credit Card on file as per the office policy.
- I understand that I have the right to withhold or withdraw my consent to the use of telehealth during my care at any time, but that this will result in voluntary discharge from Peter A. Gold, Psy.D. care as Peter A. Gold, Psy.D. is currently only seeing patients via telehealth.
- I understand that by signing this form that I am consenting to receive health care services via telehealth.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_