

Consent for Telehealth Therapy
Laura Duke LCSW, LLC

1. I understand that my health care provider wishes me to engage in a Telehealth session.
2. I understand the video conferencing technology that will be used for such sessions will not be the same as an in-person direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that Telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I understand that I am responsible for my privacy and confidentiality in the space I choose to conduct the session.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the Telehealth session if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand I will have the opportunity for a direct conversation with my provider during the first session (or before the first session if I prefer), during which I will have the opportunity to ask questions in regard to this procedure. My questions will be answered and the risks, benefits and any practical alternatives will be discussed with me in a language in which I understand.

By signing this document, I acknowledge:

1. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through a Telehealth service, Telehealth service does not provide advice including, but not limited to, emergency or urgent medical services.
3. To maintain confidentiality, I will not share my Telehealth appointment link with anyone unauthorized to attend the appointment. I understand that sometimes events may make using Telehealth difficult or impossible. My therapist may prefer to use Zoom, Facetime, Google Meet, or other video conferencing providers or methods. The preceding bullet points apply to all Telehealth platforms and providers.

By signing this form, I certify: That I have read or had this form read and/or had this form explained to me. That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction. BY CHECKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED HEREIN.

_____ I agree

_____ Signature

Date