

TELEHEALTH Agreement

I understand that telehealth (or telemedicine) is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when they are located at a different site than the provider; and hereby consent to Julie Burke, MA, ATR to provide Wellness Coaching services to me via telehealth.

I understand that:

- (a) Services and procedures that are not covered in a face-to-face setting under my insurance are not covered under telehealth.
- (b) Services delivered via audio-only telephone, facsimile, or e-mail messages may not be considered telehealth and may not be covered.
- (c) Julie will determine whether the conditions being treated are appropriate for a telehealth session.
- (d) The federal and state laws that protect privacy and the confidentiality of medical information also apply to telehealth psychotherapy.
- (e) Julie will contact me through a video portal that is HIPAA-compliant for security, but that there are no absolute guarantees that such technological boundaries cannot be breached or that information will not be lost during technological failures.
- (f) Costs for Wellness coaching provided via telehealth are not covered by insurances.
- (g) I will be responsible for paying Julie's fee in full if coverage.
- (h) I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
- (i) I may revoke my consent orally or in writing at any time by contacting Julie. As long as this consent is in force (has not been revoked) Julie may provide health care services to me via telehealth without the need for me to sign another consent form.

Client Signature _____ Date _____ Therapist

Signature _____ Date _____