Permission for Telehealth Visits

What is telehealth?

Telehealth is a way to visit with your therapist from home.

You can talk to your provider from any place, including your home. Liv Carrow offers telehealth for circumstances where clients are sick or injured, lack transportation or childcare, or during inclement weather where travel is discouraged.

How do I use telehealth?

- • Your provider will email a web link to your email address, and you can join the video call at your appointment time.
- You will need to be located in Illinois or Iowa during your session. If you are elsewhere, I am not able to treat you without a license in that state.

How does telehealth help me?

- • You don't have to go to a clinic to see your provider.
- • You won't risk getting sick from other people or making others sick.

What are the downsides?

- • You and your therapist won't be in the same room, so it may feel different than an office visit.
- • Some situations and therapies require in-person visits.
- • Technical problems may interrupt or stop your visit before you are done.

Will my telehealth visit be private?

- • We will not record visits with your provider.
- • You should be in a private place, so other people cannot hear your session.
- • Your provider remain in a private, closed room and use headphones to ensure privacy.
- • We use telehealth technology that is designed to protect your privacy and comply with HIPAA laws.
- • If you use the Internet for telehealth, use a network that is private and secure.
- • You must not be in a moving vehicle or or driving during your session.

How much does a telehealth visit cost?

- • You will be billed as you would for a normal therapy session.
- • A telehealth visit will not cost any more or less than an office visit.

You do not need to sign this form unless you intend to use telehealth.

What does it mean if I sign this document?

If you sign this document, you agree that:

- You understand what telehealth is
- We answered all your questions.
- You want a telehealth visit.

Your name (please print)   Date

Your signature   Date