



CONSENT FOR TELEHEALTH CONSULTATION

1. I understand this is a telehealth consultation with the clinician, but it does not act as a contract for therapy services.
2. I understand that video conferencing technology is not the same as a direct client/clinician visit since I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that a consultation allows for myself and my clinician to determine whether therapy services are appropriate for my problems/symptoms. This allows for myself or the clinician to decline therapy services and that my clinician will assist in providing me alternative options.
6. In order to receive the best treatment, I understand that my clinician may determine that my presenting problems/symptoms may warrant the clinician to decline moving forward with therapy services and instead recommend to me another clinician. I understand this is not a personal attack but wanting to ensure I receive the most appropriate care.
7. I understand that a telehealth consultation is scheduled for 15 minutes which allows myself and my provider to ask pertinent questions but does not and cannot constitute as an intake session.
8. I understand that my clinician will be mindful of time spent in consultation and agree to abiding by this limitation.
9. I understand all information discussed in said consent without questions and/or agree to ask the clinician for clarification if necessary.

