

Jennifer Morris, M.A. LPC NCC

Telementalhealth Consent Forms

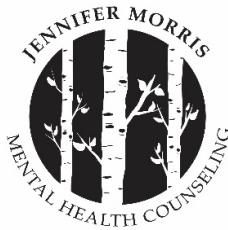
Telehealth services are online therapy sessions conducted via a HIPAA compliant, secure, platform through video and/or audio connection. By signing this form you understand and agree that:

1. I understand that the video-conferencing technology that will be used to facilitate therapy services will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
2. I understand that a telehealth session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
3. 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.
4. I understand that my provider is available to answer potential questions in regard to this procedure. This includes but is not limited to: risks, benefits and any practical alternatives.

CONSENT TO USE THE TELEHEALTH VIA DOXY.ME

Telehealth on Doxy.Me is the technology service we will use to conduct telehealth videoconferencing appointments. Your therapist will provide the access link to attend sessions on Doxy.me. 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 or visit the nearest emergency room.
2. Though my provider and I may be in direct, virtual contact through the Telementalhealth session, Doxy.me does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. Doxy.me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Doxy.me telehealthservice – or that such information is current, accurate or up-to-date. I will not



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rely on my health care provider to have any of this information on the doxy.me telehealth service.

5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

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 SIGNING THE LINES BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

Client Name

Client Signature

Date

Counselor Signature

Parent/Guardian Signature (if applicable)