



Consent for Telehealth Consultation:

I, _____ (name) agree to the use of telehealth as part of my work with my therapist. And I understand that telehealth is not the same as direct contact with my provider.

_____ (init) I have been given the opportunity to work directly in the office with my therapist and use telehealth as well. My questions have and will be asked as needed regarding the use of telehealth.

_____ (init) I understand that there are risks to this technology, including interruptions, unauthorized access and technical difficulties. And I will discontinue the use of telehealth if I or my provider determine it is ineffective or inadequate.

_____ (init) I understand that telehealth is not an emergency service, and in the event of an emergency I will call 911 or other 24-hour crisis line.

Signature _____

Date _____