

Telehealth Consent Form

Client Name:

Date:

Client phone number to connect:

Client Address:

Client Support Person Name:

Address:

Phone Number:

Local Hospital Name:

Local Police Number: (if not 911)

Local Mental Health Crisis Number:

Telehealth Information

Telehealth includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video or data communications.

Telehealth therapy sessions are offered through a HIPAA compliant platform and are provided when prearranged with the client when it is deemed appropriate, such as when illness or weather conditions are a factor. Telehealth services are only offered in the state where the clinician holds their license. Kristin Allosso is licensed in the state of Vermont.

Confidentiality

The laws that protect the confidentiality of medical information also apply to Telehealth.

Disconnection

There are risks and consequences from Telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failure; the transmission of my information could be interrupted by unauthorized persons; and /or the electronic storage of my medical information could be accessed by unauthorized persons. The client agrees to be responsible for information security on their own electronic device.

If there is a disconnection during service, we will try to reconnect, but if not possible we will plan to call each other to arrange a future appointment time.

Privacy

During our Telehealth session, neither party is allowed to video, photograph, record, copy, or post any part of our Telehealth session. The client agrees that services are to be administered to the client and no other person is to be in the room with the client unless it is part of the treatment plan and has been prearranged. Please choose a space free of distractions that offers privacy for our session.

In Case of Emergency

Telehealth does not provide emergency services. If an emergency situation arises, please call 911 or proceed to the nearest emergency room for help.

At the beginning of each Telehealth session, this clinician will confirm your name, address of your physical location where you are conducting the session, your location in the space where you will maintain privacy for the session, and people who are in the room, any emergency phone numbers local to you, and the name and phone number of a client support person.

You agree to identify a client support person near your location that has agreed to be available to you should you need support after a session.

I have read or been read to, understand and agree to information stated above.

Client Name (printed)

Client or Legal Guardian

Signature of

Date