

Informed Consent to Telehealth

I, _____ (Client/Guardian) consent to engage in telehealth with Damous Psychological Services, PLLC as part of my psychotherapy/medication management. I understand that telehealth includes the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of medical data, and education using the interactive audio, video, or data communications. I understand telehealth also involves the communication of my medical/mental health information, both orally and visually, to health care providers.

I understand that I have the following rights:

I can withdraw my consent for telehealth at any time by contacting Damous Psychological Services, PLLC.

The laws that protect the confidentiality of my medical information also apply to telehealth, and I still have a right to access my medical records.

The dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without further written consent.

I also understand the risks from telehealth, including but not limited to: disrupted or distorted transmission of the session due to technical failure; interruption of my session by unauthorized persons. In addition, telehealth treatment is different and may not be as complete as in-person treatment, therefore, my provider may recommend I come into the office for face-to-face interaction.

I may benefit from telehealth, but also know results are not guaranteed or assured. I have read and understand the information provided. I may discuss any questions or concerns with my therapist.

Printed Name of Client Date

Signature of Client/Guardian Date

Witness Date