

CONSENT FOR TELEHEALTH THERAPY

1. I understand that my therapist, Elizabeth H. Pilson, LCSW-C, will be offering telehealth therapy sessions only for situations that prevent me from coming to the office for in-person treatment.
2. I understand that I have a choice whether to engage in telehealth or phone therapy.
3. My therapist has explained to me how the video conferencing technology that will be used will not be the same as an in-person visit due to the fact that I will not be in the same room as my provider.
4. 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.
5. I understand there are potential risks to using this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the telehealth visit if it is felt that the videoconferencing connections are not adequate for the situation.
6. I understand there are also clinical risks to using telehealth, including discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent.
7. I acknowledge that my therapist may contact the necessary authorities in case of an emergency. I also acknowledge that if I believe there is imminent harm to myself or another person, I will seek care immediately at the nearest hospital emergency department, or by calling 911.
8. I understand that my therapist and I will be using Doxy.me for healthcare for all telehealth sessions.
9. I understand that Doxy.me meets HIPAA standards of encryption and privacy protection, but that my therapist cannot guarantee privacy.
10. To maintain confidentiality, I agree not to share my telehealth appointment link with anyone unauthorized to attend the appointment.
11. I understand that neither my therapist nor I am authorized to record any telehealth sessions without express written consent of both parties.
12. I understand that my health insurance company may not cover telehealth sessions, and that it is my responsibility to check my benefits before engaging in telehealth.
13. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me.

By signing this form, I certify:

- That I have read this form
- That I fully understand its contents including the risks and benefits of telehealth via Doxy.me for Healthcare
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction

By signing below, I am agreeing that I have read, understand and agree to the items contained in this document.

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Client Full Name (Please Print)

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Client Signature

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Date

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Elizabeth H. Pilson, LCSW-C

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Date