



### Consent for Telehealth

Telehealth involves the use of video & audio communication technology to conduct psyche care sessions if in-person meetings are not feasible. When providing telehealth services, Dr. Annie always uses a HIPPA compliant platform that complies with federal health privacy laws. Dr. Annie uses GoToMeeting.com. An email link is sent prior to a session. You can access your telehealth session with a computer, tablet, or cell phone.

The benefits of telehealth include, but are not limited to, improved access to care, better continuity of care, & reduction of lost work time & travel costs. Possible risks include technical difficulties, such as interruptions & unauthorized access. There is the possibility that our video or audio connection may not work or may stop working during our appointment. It is also possible that the video or audio quality may not be clear enough for us to communicate effectively. If this happens, either one of us may choose to stop the session at any time. In very rare instances, the security of our online connection could fail & cause a breach of your confidential information.

It is also important to note that accessing psyche care online has special risks. Meeting by video rather than in-person could cause Dr. Annie to miss gestures, cues, or other important non-verbal information during your session. If you are in crisis, Dr. Annie may not be able to intervene as effectively as she could in-person. And, there is the chance that if you need immediate crisis support Dr. Annie might not be familiar with resources available to you in your location. Any of these factors could impact your quality of care.

In the State of Vermont, it is against state law for either the psychology professional or the client to make a recording of a telehealth session. All other laws & regulations which apply to in-person psyche care sessions will also apply to any sessions conducted online or via phone.

Please take some time to consider whether telehealth services are right for you before signing this form. If you prefer, I would be happy to provide you with referrals to providers, when possible, who may be easier for you to access rather than offering you telehealth services.

#### Patient Consent to The Use of Telehealth:

I have read and understand the information provided above and have discussed it with appropriate persons. All of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my psyche health care and authorize Annie Jordan, PhD to use telehealth in the course of my psyche health work and process.

Client Name (Please Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Name (Please Print) \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

You have a right to a copy of this document. Please keep a copy for your records.