

Cornerstone Psychological Services

CONSENT FOR TELEHEALTH SERVICES

1. I understand that my health care provider and I wish to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access (however unlikely), and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE TELEHEALTH PLATFORM

Telehealth is conducted on a HIPAA compliant, secure platform that ensures confidentiality and anonymity. However, under some conditions (e.g., Covid 19 pandemic, a natural disaster) HIPAA requirements may be eased to allow a broader range of reasonably secure, though not HIPAA compliant, platforms to be used such as Apple FaceTime, Skype, or Google Hangouts. All such technologies are simple to use and there are no passwords required to log in. I acknowledge:

1. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the telehealth platform, the platform/software vendor itself does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The telehealth platform facilitates videoconferencing and the platform and/or vendor is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the telehealth platform.
5. To maintain confidentiality, I will not share my telehealth appointment link/contact with anyone unauthorized to attend the appointment.

I acknowledge:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- 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, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

CLIENT SIGNATURE (OR PARENT/GUARDIAN SIGNATURE)

DATE SIGNED