

Michael Smith, PhD  
Informed Consent for Telehealth Services

**Definition of Telehealth**

Telehealth involves the use of electronic communications to enable mental health professionals to connect with individuals using **interactive video and audio communications**. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

\*\*Services rendered via audio only phone communication, facsimile, email or any other non-secure electronic communication are **NOT** telehealth.

**I understand that I have the rights with respect to telehealth:**

- 1) The patient may refuse telemedicine services at any time, without loss or withdrawal of treatment.
- 2) All applicable confidentiality protections shall apply to the services.
- 3) The patient shall have access to all medical information from the services, under state law
- 4) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of Michael Smith PhD, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be lost or accessed by unauthorized persons. Michael Smith, PhD utilizes secure, encrypted audio/ video transmission software whenever possible to deliver telehealth.
- 5) I understand the alternatives to counseling through telehealth as they have been explained to me and in choosing to participate in telehealth, I am agreeing to participate in using video conferencing technology. I also understand that at my request or at the direction of Michael Smith, PhD, I may be directed to "face-to-face" psychotherapy.
- 6) I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.

**Payment for Telehealth Services**

Michael Smith, PhD will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. If insurance does not cover telehealth, the individual wishes to pay out of pocket, or when there is no insurance coverage, we will provide you with a statement of services.

**Patient Consent to the Use of Telehealth**

I have read and understand the information provided above regarding telehealth, have discussed it with Michael Smith, PhD and all my questions have been answered to my satisfaction. I understand the risks and benefits related to the use of telehealth services. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Clients Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*