



TELEHEALTH INFORMED CONSENT

Telehealth is healthcare provided by any means other than a face-to-face visit. Health information is exchanged between a provider and client from one site to another using interactive electronic technologies such as video conferencing. During a telehealth appointment, information obtained is used for diagnosis, consultation, treatment, therapy, follow-up, and education.

While telehealth services allow for greater convenience, there are risks when transmitting information over technology. Such risks include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of services due to technical difficulties. To minimize risks, electronic technologies used by Moosilauke Counseling Solutions incorporate network and safety security protocols to protect the privacy and security of health information. It is your responsibility to maintain privacy at your end of your communication.

A limitation of telehealth services includes the inability for your provider to provide any direct emergency assistance in the event of a crisis. In the event of a crisis, your provider will utilize, and contact identified contacts and/or local emergency services and support if necessary. If you are facing or think that you may be facing an emergency that could result in harm to yourself or another person do not seek telehealth services. Instead, please agree to seek care immediately at the nearest hospital emergency department or call 911.

To participate in a telehealth visit, you will need access to, and have familiarity with, the appropriate technology. You will also need to ensure that your site has adequate service to avoid any disruption to the visit. Should services be disrupted and be unable to be restored, it may be necessary to connect via telephone to complete the session and/or reschedule the session for another date and time.

My signature below indicates that I understand that the laws and professional standards that



apply to in-person services also apply to telehealth services. I have read this document and understand the benefits, risks, and limitations of telehealth services. I voluntarily consent to participate in telehealth services offered by Moosilauke Counseling Solutions.

Client Signature

Date

Legal Guardian Signature (required for minor age clients)

Date