

Jenny Gardon, LICSW

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CONSENT FOR TELEHEALTH CONSULTATION

1. I/We request and consent to telehealth sessions or consultation with health care provider/psychotherapist, Jenny Gardon, LICSW.
2. I/We understand that we will use phone or video conferencing technology, and that this has some significant differences from in-person, face-to-face meetings. 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.
3. I/We understand there are potential risks to this technology, including interruptions, unauthorized access, 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.
4. I/We understand that ideally we use a video conferencing platform that is HIPAA compliant and to that end, Jenny has both HIPAA compliant Zoom and doxy.me platforms available to use. These both incorporate network and software security protocols to protect the privacy and security of our conversations, including health information. However, when these platforms become overwhelmed by current levels of demand, we may use cell phone service as needed, and subject to verbal consent at the time.
5. I/We understand that insurance reimbursement for telehealth may not be the same as for face to face sessions, and I take personal responsibility for that difference, if there is any.
6. Paperwork exchanged will be provided through electronic means, in person, or through postal delivery.
7. My practitioner and I/we will regularly reassess the appropriateness of continuing to deliver services to me/us through the use of the technologies we have agreed upon, and modify our plan as needed.
8. The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

CONSENT FOR TELEHEALTH CONSULTATION, continued

By signing this form, I/we am affirming:

- That I/we have read or had this form read to me.
- That I/we fully understand its contents including the risks and benefits of the procedure(s).
- That I/we have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Printed Name

Signature of Client or Legal Guardian

Date

Client Printed Name

Signature of Client or Legal Guardian

Date