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Servicing clients in North and Central
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**Informed Consent for
Telehealth Services**

Definition of Telehealth: Telehealth, also referred to as telecounseling, involves the use of electronic technology to enable clinicians to connect with clients using live interactive video and/or audio communications without being in the same location. Telehealth includes the practice of psychological health care delivery, consultation, treatment, referral to resources, education, and the transfer of clinical data.

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

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. A copy of our Privacy Policies and Informed Consent can be provided.
2. I understand there are limitations to confidentiality when utilizing technology. Unlike face-to-face counseling, my counselor cannot guarantee the same degree of confidentiality since telehealth partially takes place in a space outside of my counselor's control (i.e. the internet and my physical location). This means I agree to take full responsibility for where I decide to initiate telehealth and how I will protect the confidentiality of my conversation. I understand that it is strongly recommended that I find a private location (i.e. inside my home or vehicle).
3. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
4. I understand that there are both risks and benefits to telehealth. The risks may include, but are not limited to, the possibility, despite reasonable efforts on the part of my counselor, that the transmission could be disrupted or distorted by technical failures.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/internet-/telephone- based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or seek help from a hospital or crisis-centered health care facility in my immediate area.

Payment for Telehealth Services:

Yvonne Fritz, Psy.D. will bill insurance for telehealth services when determined to be covered by an individual's insurance plan. The standard copay and/or deductibles would apply. In the event that insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. Services provided by intern clinicians under supervision may not be submitted for insurance reimbursement

Patient Consent to the Use of Telehealth:

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

PATIENT SIGNATURE _____ DATE _____

PROVIDER SIGNATURE _____ DATE _____