Rebecca L. Marcus Wheeler, LCSW, MCAP
951 NW 13th Street, 1A
Boca Raton, FL 33486

CONSENT FOR TELEHEALTH THERAPY SESSIONS

_____ I understand that I have the option to participate in telehealth therapy sessions as deemed appropriate by my mental health provider.

_____ I understand that certain mental health concerns and /or diagnoses may not be appropriate for telehealth sessions and I will rely on my provider to assess when telehealth may or may not be clinically appropriate.

_____ My mental health provider explained to me how the video conferencing technology that will be used during a telehealth session will not be the same kind of interaction as an office visit due to the fact that I will not be in the same room as my provider.

_____ 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.

_____ I understand that when I engage in telehealth sessions I should be in a secure, confidential location.

_____ I 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.

_____ I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to telehealth sessions. 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.

_____ I understand that not all insurance companies/ plans cover telehealth services and that it is my responsibility to know if my plan will cover this service. I understand that I am responsible for any uncovered costs.

TECHNOLOGY SERVICE
_____ Zoom is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and it is free to open an account. You must have internet access and a device which has a camera/ microphone.

_____ Zoom is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.

_____ To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

My emergency contact is: (include address and telephone number)

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By signing this form, I certify:

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 Name/Date