

From the Office of Maureen Smart, LCSW-R...

Informed Consent for Telehealth Services

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

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

1. I am interested in continuing my therapy, or the therapy of my child(ren), through telehealth services during this time of public health crisis due to the Coronavirus.
2. 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.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the Maureen Smart, LCSW-R, 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 unintentionally lost or accessed by unauthorized persons. My office will be using Doxy.me for telehealth services. It is a HIPPA complaint service. I will email you a link with your appointment time. The link will bring you to your telehealth session.
4. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Payment for Telehealth Services:

The Office of Maureen Smart, LCSW will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard copay and/or deductibles would apply. I understand that if my insurance company does not honor telehealth services as anticipated, I will be responsible for all session fees and that I have been advised to contact my insurance company to insure my understanding of my benefits. In the event that insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you with a statement of service to submit to your insurance company.

Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

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/Date _____

Client's Signature/Date _____

Email (please print clearly!) _____

Therapist Name: Maureen Smart, LCSW-R

Therapist's Signature/Date _____