

CORNERSTONE

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Consent to Telemedicine Services

Telemedicine involves the use of video and audio communication technology to conduct your therapy session at a distance. If you are unable to travel to my office for your appointment it is possible for us to connect online through a secure video conferencing connection.

When providing telemedicine services, I always use a secure connection and special video conferencing technology that complies with federal health privacy laws. Before we meet I will send you an email link to connect to our session.

You can access your telemedicine session with a computer, tablet, or cell phone. Our video and audio feed will work best if your device is connected to a reliable high-speed internet connection.

The benefits of telemedicine include, but are not limited to, access to care and continuity of care during this pandemic. Possible risks include technical difficulties such as interruptions and unauthorized access. There is the possibility that our video or audio connection may not work or that it may stop working during our appointment. It is also possible that the video or audio quality may not be clear enough for us to communicate effectively. If this happens, either one of us may choose to stop the session at any time. In very rare instances, the security of our online connection could fail and cause a breach of your confidential information.

It is also important to note that accessing therapy online has special risks. Meeting by video rather than in person could cause me to miss gestures, cues, or other important non-verbal information during your session. If you are in crisis, I may not be able to intervene as effectively as I could in person.

Laws and regulations which apply to in-person therapy sessions will also apply to any sessions conducted online. If you use insurance benefits to pay for our sessions, I will verify with your insurance provider that telemedicine services are covered under your plan. Please call our office to make your co-payments.

Please take some time to consider whether telemedicine services are right for you before signing this form.

By signing this form, you agree to the following:

1. You have read this form and fully understand its contents including the risks and benefits of telemedicine services.
2. You have had a conversation with me during which you had the opportunity to ask questions in regard to telemedicine services. Your questions have been answered and the

risks, benefits and alternatives have been discussed with you in a language in which you understand.

3. You understand that you have the right to withhold or withdraw your consent to the use of telemedicine in the course of your care at any time, without affecting your right to future care or treatment. You may revoke your consent orally or in writing at any time by contacting me directly.
4. You understand that the laws that protect the confidentiality of your treatment also apply to telemedicine services.
5. You understand that it is illegal for you to make a recording of any kind of your telemedicine session(s).
6. You understand that you have a right to a copy of this form and have been offered a copy of this form.

Patient Consent to The Use of Telemedicine:

I have read and understand the information provided above and have discussed it with my provider. All of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my mental health care and authorize my provider to use telemedicine in the course of my mental health diagnosis, assessment, and treatment.

Client Name (Please Print)

Date of Birth

Client Signature

Date